

GRAMBLING STATE UNIVERSITY GRAMBLING, LOUISIANA

CERTIFICATION FOR GRADUATION

I hereby certify that _____,
Name

Social Security Number _____, has completed all
requirements as outlined in the _____ GSU catalog for a
Year

_____ Degree in
the College/School of _____

and is eligible for graduation _____
Graduation Date

MAJOR: _____

CONCENTRATION: _____

MINOR: _____

Signature of Department Head

Date

Signature of College/School Dean

Date

Signature of Graduate Dean
(For Graduate Students Only)

Date

Signature of Vice President/Academic Affairs

Date

WHITE - REGISTRAR'S OFFICE

YELLOW - DEAN

PINK - DEPARTMENT