

GRAMBLING STATE UNIVERSITY  
GRAMBLING, LOUISIANA

APPLICATION FOR UNDERGRADUATE DEGREE

\_\_\_\_\_ Date

PLEASE PRINT OR TYPE NAME IN FULL. YOUR DIPLOMA WILL BE ORDERED AS YOUR NAME IS SPELLED ON THIS FORM. IF YOU HAVE AN UNUSUAL NAME TO PRONOUNCE, PLEASE SUBMIT A PRONUNCIATION GUIDE TO THE DEAN OF YOUR COLLEGE TO INSURE THAT YOUR NAME IS PRONOUNCED CORRECTLY AT COMMENCEMENT.

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ Last

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Minor: \_\_\_\_\_

This application applies to this semester only. If you do not graduate, you **must reapply**.

I expect to complete the requirements for the degree of (Check one)

☐ Certificate

☐ A.A.

☐ A.S.

☐ B.A.

☐ B.S.

☐ B.S.N.

☐ B.P.A.

In the College/School of

☐ Business

☐ Education

☐ Arts & Sciences

☐ Professional Studies

at the end of the (Check one)

☐ Fall

☐ Spring

☐ Summer

20\_\_\_\_

**Students who are currently enrolled in another college or university, please fill in the following:**

College or University: \_\_\_\_\_

(A COMPLETE OFFICIAL TRANSCRIPT MUST BE IN THE REGISTRAR'S OFFICE AT THE SAME TIME GRADES ARE DUE.)

Date course will be completed \_\_\_\_\_

Courses for which registered: (Do not list courses for which registered at GSU)

Course No.	Description	Sem. Hrs.	Credit
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the degree, major, concentration, and minor shown above are listed as they appear in the \_\_\_\_\_ Grambling State University catalog,

Year

under which the student is eligible to receive a degree.

\_\_\_\_\_ hours are required for the degree.

Signature of Department Head

Date

Signature of Academic Dean

Date

Signature of Vice President for Academic Affairs

Date

I accept the responsibility for understanding and meeting all requirements for my degree.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Social Security Number

**LOCAL ADDRESS OF CANDIDATE:**

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**HOME ADDRESS OF CANDIDATE:**

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Local Phone Number

\_\_\_\_\_  
Home Phone Number