

GEORGIA MILITARY COLLEGE - APPLICATION FOR DEGREE

STUDENT MUST COMPLETE THIS SECTION – PRINT CLEARLY!

YOUR NAME (as it will appear on your diploma): _____

GMC Student ID: _____ **Mailing Address:** _____

Home Phone: (_____) _____ - _____ **City, State ZIP:** _____

Cell Phone: (_____) _____ - _____ *(Diplomas will be returned to originating campus.)*

GMC Email: _____@student.gmc.cc.ga.us **Home Email:** _____

Do you plan to participate in your campus's graduation ceremony? ___ Yes ___ No
 (IF YES: Non-cadet students must order cap and gown in February. It is the student's responsibility to confirm your name is on the ceremony participation list a minimum of one month prior to the ceremony date. Contact the Registrar's Office or your campus graduation official for assistance.)

- **Did you participate in any of the following? Please check all that apply:**
 - ___ Army ROTC Cadet (graduating in June)
 - ___ Army ROTC Early Commissioning Program (ECP) Cadet
 - ___ Phi Theta Kappa (PTK)
- **Check the type of degree you are seeking (check only one):**
 - ___ Associate in Arts
 - ___ Associate in Science
 - ___ Associate in Applied Science
- **Check your major or degree program (check only one):**

___ Biology	___ General Studies	___ Mass Communication
___ Business Administration	___ Health & Human Performance	___ Mathematics
___ Computer Information Sys.	___ Health & Physical Education	___ Paralegal
___ Criminal Justice	___ History	___ Political Science
___ Education: Early Childhood	___ Homeland Security	___ Pre-Nursing
___ Education: Middle Grades	___ Human Communication	___ Psychology
___ Education: Secondary Education	___ Information Technology	___ Social Work
___ English	___ Logistics Management	___ Sociology
- **You must complete the Graduating Student Survey and attach the confirmation "thank you" page to this form.**
 To get to the survey, go to www.gmc.cc.ga.us and click "Quick Links" at the top.

Student's Signature: _____ **Date:** _____

ADVISOR/EVALUATOR USE ONLY

Campus: _____ **Catalog:** _____ **Term Complete:** _____ **Hours:** ___ (total) ___ (GMC)

Other Requirements:	Transfer Students:	SOCAD/SOCNAV
___ Reading Competency	___ GA History	___ hours from:
___ Oral Competency	___ GA Constitution	_____
___ Writing Competency		
___ Computer Literacy		

The advisor who signs below has reviewed the student's record and certifies that the information is correct.

Advisor's Signature: _____ **Date:** _____

BUSINESS OFFICE USE ONLY (DLC & MAIN CAMPUS)

Account Clear? ___ Yes ___ No **Business Office Signature:** _____ **Date:** _____

REGISTRAR'S OFFICE USE ONLY (MAIN CAMPUS)

Date Received: _____ Student's Account Clear: Yes ___ No ___ Date: _____

Graduation Date: _____ Final Cum GPA: _____ Posted in Datatel: _____

Diploma Typed: _____ Diploma Mailed: _____ Mailed to: _____

COURSES NEEDED TO COMPLETE DEGREE REQUIREMENTS:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Processor's Signature: _____ **Date:** _____

GEORGIA MILITARY COLLEGE

ALUMNI ASSOCIATION PROFILE

PLEASE PRINT CLEARLY

Note: This information will only be used for your Georgia Military College Alumni Association Profile. If you wish to update your contact information with the college, a Change of Name/Address form must be completed and submitted to the Registrar's Office.

NAME: _____ **STUDENT ID:** _____
(Include rank if military graduate)

Home Phone: (_____) _____ - _____ **Mailing Address:** _____

Cell Phone: (_____) _____ - _____ **City, State ZIP:** _____

Email Address: _____

Please list all organizations and student activities in which you participated as a GMC student.
(Example: Rifle Team, Drill Team, Sports Team(s), Student Government, Chorus, ROTC, etc.)

Signature: _____ **Date:** _____