SOUTHERN ARKANSAS UNIVERSITY TECH

Graduation Checklist

Please complete the following information prior to completing your application for graduation. Your signature is required on this form prior to acceptance of you graduation application. All students must meet these criteria to apply for graduation. Please place a checkmark by each statement as you read it.

	I understand that a cumulative 2.0 grade point average is required for graduation.						
	I have checked with the Registrar's Office and have all official transcripts on file in the Registrar's Office from other colleges or universitiesor						
	I will write and have all required official transcri	pts mailed to SAU Tech prior to graduation.					
	I have filed my degree plan and received approval for all courses or course substitutions by an advisor.						
	have reviewed (will review) the college catalog regarding certificate and graduation requirements.						
	I have filed (will file) my application for graduation.						
	I will pay all outstanding debts to the college. If all debts are not paid, I cannot participate in the graduation ceremony. I also cannot have a diploma or college transcript issued until all debts are cleared.						
	I understand that if I do not graduate by the date listed on the Graduation Application that I will have to re-file for graduation and pay another graduation fee at that time.						
	I have been (will be) measured for my cap and gown. Participation in the commencement ceremony is required unless special approval obtained from the Registrar regarding personal circumstances.						
	Gender: Male \square Female \square	Height with shoes:					
	Weight:	Cap Size:					
I have	e read and understand the above-stated list of graduate	ation criteria.					
Student's S	Signature	Date					

SOUTHERN ARKANSAS UNIVERSITY TECH

Application for Graduation

STUDENT INFORMATION								
Name as it will appear on your diploma (FIRST, MIDDLE, LAST) Date								
First Middle Las								
Permanent Address					Apartment/Unit #			
City		State		ZIP				
Student ID/SSN#								
Date of Completion ☐ May ☐ August ☐ December Year:								
ASSOCIATE DEGREE								
Degree Sought:								
List all courses needed for completion of degree requirements in FINAL SEMESTER. If the course is being taken at another accredited college, include the name of that College. FINAL SEMESTER: Fall Spring Summer Year:								
Course Title:								
Course Title:								
Course Title:								
Course Title:								
Course Title:								
TECHNICAL CERTIFICATE								
Certificate Sought:								
List all courses needed for completion of certificate requirements in FINAL SEMESTER. If the course is being taken at another accredited college, include the name of that College. FINAL SEMESTER: Fall Spring Summer Year:								
Course Title:								
Course Title:								
Course Title:								
Course Title:								
Course Title:								
STUDENT SIGNATURE								
I understand that all official transcripts must be on file in the Registrar's Office if any transfer work from an accredited college or university has been accepted toward the certificate at SAU Tech. An official transcript bears the college seal and it is not one "issued to student." A 2.0 (C) average is required for graduation. Fifteen (15) semester credit hours must be completed at SAU Tech.								
Student Signature:								
REGISTRAR'S OFFICE STAFF SIGNATURE								
Staff Signature:								