

GEORGIA MILITARY COLLEGE - APPLICATION FOR AA/AS/AAS DEGREE

STUDENT MUST COMPLETE THIS SECTION – PRINT CLEARLY!

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

GMC Student ID: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

GMC Email: _____@bulldog.gmc.edu

Home Email: _____

Mailing Address:

Please check with your campus Registrar to insure GMC has your correct mailing address on file. This is important to insure you receive your diploma in a timely manner.

Do you plan to participate in your campus's graduation ceremony? **Yes** **No**
(It is the student's responsibility to place your order for your cap and gown and to confirm that your name is on the ceremony participation list a minimum of one month prior to the ceremony date. Contact the Registrar's Office at your campus for assistance.)

Military: **YES** **NO** **Status:** **Branch of Service:**

• **Did you participate in any of the following? Please check all that apply:**

Army ROTC Cadet
 Army ROTC (ECP) Cadet
 Coast Guard Cadet (CGC)
 Dual Enrollment (D.E.)

Phi Theta Kappa (PTK)
 PTK Advisor Signature: _____
 Date: _____

• **Check the type of degree you are seeking (check only one):**

• **Check your major or degree program (check only one):**

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

You must complete the Graduating Student Survey. To get to the survey, go to www.gmc.edu, and on the "Current Students" menu, choose "Graduating Survey." You will also need to complete the Alumni page. Both pages will be submitted along with your application for degree.

ADVISOR/EVALUATOR USE ONLY

Campus: _____ **Catalog:** _____ **Term Complete:** _____ **Hours:** _____ (Total) _____ (GMC)

Other Requirements:

Written Competency Critical Thinking
 Quantitative Competency Problem Solving

Cultural Literacy

GA Hist./Const.
 Global Perspectives

SOC

Hours from: _____

The advisor who signs below has reviewed the student's record and certifies that the information is correct. Please submit the Alumni page to the Alumni Department and link the survey page to the students account in Image Now.

Advisor Name (print): _____ **Advisor Signature:** _____ **Date:** _____

BUSINESS OFFICE / AR CLEARANCE USE ONLY (DLC & MAIN CAMPUS)

REGISTRAR'S OFFICE USE ONLY (MAIN CAMPUS)

Football
 Dual
 D.E.
 RTI
 CGC
 ECP
 Cadet
 CL
 MCL
 SCL
 PTK

Date Received: _____
Graduation Date: _____
Final GPA: _____
Posted in Datatel: _____
Diploma Typed: _____
Diploma Mailed: _____

ADVISOR NOTES ONLY:

DEGREE PROCESSOR NOTES ONLY:

COMPLETE

Degree Processor's Signature: _____

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:** _____