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

# STUDENT MUST COMPLETE THIS SECTION – PRINT CLEARLY!

YOUR NAME (as it will a	appear on your diploma):				
GMC Student ID:		N	Aailing Address:		
Home Phone: () Cell Phone: ()		-	Please check with your campus Registrar to insure GMC has your correct mailing address on file. This is important to		
		your correct mailing			
	@bulldog.g	gmc.edu	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	f 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 (PTH	K) PTK Advisor Signature:		Date:		
Check the type of degree you are seeking (check only one):					
	, ex				
Chook your motor or o	dagnaa nuaguam (ahaali anlij				
• Cneck your major or c	degree program (check only	one):			
Student's Signature:	The second se	Date:	"C		
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:		<u>Cultural Literacy</u>	SOC		
Written Competency Quantitative Competency	Critical Thinking Problem Solving	GA Hist./Const. Global Perspectives	Hours from:		
The advisor who signs below h	has reviewed the student's record	and certifies that the information is corre	ect. Please submit the Alumni page to the Alumni		
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):	Ad	visor Signature:	Date:		
BUSINESS OFFICE / AR CLEARANCE USE ONLY (DLC & MAIN CAMPUS)					
DECISTRAD'S OFFICE I		16)			
REGISTRAR'S OFFICE U Football	JSE ONLY (MAIN CAMPU Dual D.E. RTI	I <u>S)</u> CGC ECP Cadet	CL MCL SCL PTK		
Football Date Received:	Dual D.E. RTI	CGC ECP Cadet			
Football           Date Received:           Graduation Date:	Dual D.E. RTI		CL MCL SCL PTK DEGREE PROCESSOR NOTES ONLY:		
Football Date Received:	Dual D.E. RTI	CGC ECP Cadet			
Football         Date Received:         Graduation Date:         Final GPA:         Posted in Datatel:         Diploma Typed:	Dual D.E. RTI	CGC ECP Cadet			
Football         Date Received:         Graduation Date:         Final GPA:         Posted in Datatel:	Dual D.E. RTI	CGC ECP Cadet			
FootballDate Received:Graduation Date:Final GPA:Posted in Datatel:Diploma Typed:Diploma Mailed:	Dual D.E. RTI	CGC ECP Cadet			
Football         Date Received:         Graduation Date:         Final GPA:         Posted in Datatel:         Diploma Typed:	Dual         D.E.         RTI	CGC ECP Cadet			

Revised 03/19

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# **GEORGIA MILITARY COLLEGE**

### ALUMNI ASSOCIATION PROFILE

#### PLEASE PRINT CLEARLY

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	mation with the col	Military College Alumni Association Profile. llege, a Change of Name/Address form must
NAME:		STUDENT ID:
Home Phone: ()	Mailing Address:	
	City:	
		ZIP:
Email Address:		
Please list all organizations and studen (Example: Rifle Team, Drill Team, Spo		ich you participated as a GMC student. nt Government, Chorus, ROTC, etc.)
  Signature:		Date:

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