



GEORGIA MILITARY COLLEGE - APPLICATION FOR BAS DEGREE

STUDENT MUST COMPLETE THIS SECTION – PRINT CLEARLY!

YOUR NAME: _____

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**

(IF YES: Non-cadet Students must order cap and gown. 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.)

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

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

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

• **Choose your degree program:**

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

You must complete the Graduating Student Survey. Log into your student self-service, click academics and select Graduation Survey. Please complete and submit the Alumni page along with the 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 History GA Constitution
Global Perspectives

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 USE ONLY

ACADEMIC RECORDS OFFICE USE ONLY

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:** _____