

☐ Registrar approval:

Application to Graduate

\$55 Application Fee

1200 Sycamore St. Waxahachie, TX 75165 Phone: (972) 825-4742 Fax: (972) 923-8159 registrar@sagu.edu

First name:	MI:	Last name:	
Name to Appear on Diplor same as it appears on your diplon	-		nent and printed in the program the
Address to Mail Diploma Street: City: State: Degree Information	Zip:	Secondary Phone:	_@lionmail.sagu.e be primary mode of communication
Degree Major: Specialization: Minor(s):			Type Associates Bachelors Masters
Additional Degree(s) Major: Major: Major:			Type ☐ Associates ☐ Bachelors ☐ Masters
Graduation Questions 1. Do you plan to participate it 2. May we release your SAGI 3. Do you want your name pr 4. If you receive honors, do y 5. For the program, list the cit	J email address to the inted in the commence ou want them listed in the yand state you want to	ment program?	☐ Yes ☐ No
6. List any courses not yet tr <u>Note</u> : No more than 6 of last 3		credits may transfer dur	ing final semester
Graduation Date Fall Summer Spring	program and course is semester. This includes credit. Degrees are cor completed requirement	requirements must be co s the receipt of all outstar of the semester the	for a specific graduation date, all omplete by the end of your final nding transcripts with applicable at all official documentation of strar's Office. Additionally, all
Year:			