**Sinte Gleska University**

**Application for Graduation**

**Chairperson:** Please be advised of the following procedure for certifying the `Graduate´. The Degree Earned cannot be posted by the Registrar’s Office until the following requirements are met. Please submit the following: 1) Completed Graduation Application. 2) Completed Status Sheet, 3) Transfer Credit Worksheet, 4) All Official Transcripts required for transfer credits.

1) Student Name:\_\_\_\_\_\_\_Tonya Yolanda Dion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#:\_\_\_\_\_\_\_\_27920\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Degree Earned/Major:\_\_\_Bachelors or Arts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1st Emphasis/Concentration\_\_\_\_\_\_Human Services Mental Health\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2nd Emphasis/Concentration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Level: Please circle one

 1 Year Certificate BA Bachelor of Arts

 AA Associate of Arts BS Bachelor of Science

 AS Associate of Science M.Ed Masters in Education

 AAS Associate of Applied Science MA Masters in Human Services

4) Are all transfer credits approved? (X) Yes ( ) No ( ) Not Applicable

 Are the official transcripts on file? (X) Yes ( ) No ( ) Not Applicable

 Transfer credit worksheet must be completed by an advisor.

5) Have all of the course work been completed? (X) Yes ( ) No

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date to be completed:\_\_5/7/2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date to be completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6) Has all the Incompletes and other discrepancies been resolved? ( ) Yes ( ) No

 If No. please state the reason and action below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chairperson’s Signature Department Date**

7) Is the student in “Good Standing”? ( ) Yes ( ) No

8) Has he/she been cleared through the Sinte Gleska University billing department? ( ) Yes ( ) No

**All of the above concerns are satisfactorily addressed and answered in the affirmative. The student is certified to graduate.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SGU Certification Officer Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registrar Date**