MERCER UNIVERSITY

Cecil B. Day Campus
3001 Mercer University Drive, Atlanta, GA 30341-4155
Registrar's Office 678-547-6263
FAX 678-547-6137

GRADUATION APPLICATION

ATLANTA CAMPUS STUDENTS ONLY - ALL SCHOOLS

Please return form to the Registrar's Office (Davis Building) or fax to 678-547-6137

NAME: Please print name legibly and exactly as it should appear on diploma and in the commencement program.

_____
First Middle Last

HOMETOWN: _____
City, State and/or Country

Note: Your name and hometown will be published in the commencement program and news releases.

CAMPUS ID: _____ **ADDRESS:** _____
_____
_____

DAYTIME PHONE: _____
HOME PHONE: _____ **E-MAIL ADDRESS** _____
CELL PHONE: _____

WHEN DO YOU EXPECT TO COMPLETE ALL DEGREE REQUIREMENTS: _____
Term Year

SCHOOL:	**DEGREE:** (Please circle)		
Georgia Baptist College of Nursing	BSN	MSN	
McAfee School of Theology	M.Div.	D Min	
Southern School of Pharmacy	Pharm.D.	Ph.D.	
Stetson School of Business and Economics	BBA	MBA	
Tift College of Education	M.Ed.	MAT	Ed.S
College of Continuing and Professional Studies	MSCC		

Please check the Mercer Catalog or contact your advisor to check on the eligibilty guidelines for participation in commencement and the awarding of degrees and University honors.

_____
Signature Date

Audit: