



Cecil B. Day Campus

3001 Mercer University Drive, Atlanta, GA 30341-4155

Registrar's Office

FAX

678-547-6263

678-547-6137

# GRADUATION APPLICATION

## ATLANTA CAMPUS STUDENTS ONLY - ALL SCHOOLS

*If you are unable to submit this form electronically  
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:**

\_\_\_\_\_

**CELL PHONE:**

\_\_\_\_\_

**E-MAIL ADDRESS:**

\_\_\_\_\_

**WHEN DO YOU EXPECT TO COMPLETE ALL DEGREE REQUIREMENTS:**

\_\_\_\_\_

Term

Year

**SCHOOL:**

Georgia Baptist College of Nursing

McAfee School of Theology

Southern School of Pharmacy

Stetson School of Business and Economics

Tift College of Education

College of Continuing and Professional Studies

**DEGREE:**

BSN      MSN

M.Div.    D Min

Pharm.D.    Ph.D.

BBA      MBA

M.Ed.    MAT      Ed.S      Ph.D.

MS      MSCC

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

**DATE:** \_\_\_\_\_

Audit: