

**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.

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1) Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

2) Degree Earned/Major: \_\_\_\_\_  
1<sup>st</sup> Emphasis/Concentration \_\_\_\_\_  
2<sup>nd</sup> 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? ( ) Yes ( ) No ( ) Not Applicable  
Are the official transcripts on file? ( ) Yes ( ) No ( ) Not Applicable  
Transfer credit worksheet must be completed by an advisor.

5) Have all of the course work been completed? ( ) Yes ( ) No  
\_\_\_\_\_ Date to be completed: \_\_\_\_\_  
\_\_\_\_\_ Date to be completed: \_\_\_\_\_  
\_\_\_\_\_ Date to be completed: \_\_\_\_\_

6) Has all the Incompletes and other discrepancies been resolved? ( ) Yes ( ) No  
If No, please state the reason and action below: \_\_\_\_\_  
\_\_\_\_\_

_____	_____
<b>Student Signature</b>	<b>Date</b>
_____	_____
<b>Chairperson's Signature</b>	<b>Department</b>
	<b>Date</b>

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**