

Semester:

Advisor: \_

## **Graduation Application: Accounting**

Congratulations on nearing completion of one or more credentials! You will need to submit this form each semester you are eligible for awarding, even if you do not plan on walking in the Ceremony. Please note that only complete forms will be processed. All forms submitted electronically must be sent from your **@Student.AthensTech.edu** email account to **GradApps@AthensTech.edu**. To obtain additional information: **Home (AthensTech.edu)** > **Current Students** > **Registration & Records** > **Graduation Information**. To pay your one-time Graduation Fee: 706-355-5121 (ATC Cashier/H-Bldg).

First Name (Banner): Middle N		Middle Name (	(Banner):	Last Name (Banner):			
Pref	erred Name for Printed/Digital Award (If not same as a	above):					
Student ID:			Email: @student.athenstech.edu				
Phone:			Address:				
Program of Study: Check all t			that apply	For Internal Use Only Awarded Printed Mailed			
	Accounting Diploma (AC12)						
	Accounting Associate Degree (AC13)						
	Computerized Accounting Specialist TCC (CAY1)						
	Office Accounting Specialist TCC (OA31)						
	Payroll Accounting Specialist TCC (PA61)						
Additional Information							
Are you currently employed? (Please select one): YES NO							
Employer: Job Title:							
Continuing Education (Please select one): YES NO							
Fut	Future School (If other than ATC): Future Employment Plans:						
	Attending Graduation Ceremo	ony? ⊦	Honors Programs:			<del></del>	
Stu	Student SignatureDate						
Although not required, we recommend that you meet with your assigned academic advisor to review this graduation application.							
For Registration & Records Use Only							
☐ ID Verified (Photo ID or email) ☐ Student ID# Verified ☐ Address & Phone Verified ☐ Email Address Verified ☐ Grad Fee Paid							
Α	ATC Staff Signature Date						
Print Name and Provide Signature							