



Graduation Application: Automotive Collision Repair

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).

Semester: _____

Advisor: _____

First Name (Banner):	Middle Name (Banner):	Last Name (Banner):
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Preferred Name for Printed/Digital Award (If not same as above): _____

Student ID:	Email: _____ @student.athenstech.edu
Phone:	Address: _____

Program of Study: Check all that apply	For Internal Use Only		
	Awarded	Printed	Mailed
<input type="checkbox"/> Automotive Collision Repair Degree (ACR3)			
<input type="checkbox"/> Automotive Collision Repair Diploma (ACR2)			
<input type="checkbox"/> Automotive Collision Repair Assistant I TCC (AB51)			
<input type="checkbox"/> Automotive Collision Repair Assistant II TCC (AZ51)			
<input type="checkbox"/> Automotive Collision Mechanical Electrical Helper TCC (AH71)			
<input type="checkbox"/> Automotive Collision Specialist TCC (AC61)			
<input type="checkbox"/> Automotive Refinishing Assistant I TCC (ARA1)			
<input type="checkbox"/> Automotive Refinishing Assistant II TCC (AP71)			
<input type="checkbox"/> Automotive Refinishing Specialist TCC (AR21)			

Additional Information

Are you currently employed? (Please select one): YES NO

Employer: _____ Job Title: _____

Continuing Education (Please select one): YES NO

Future School (If other than ATC): _____ Future Employment Plans: _____

Attending Graduation Ceremony? Honors Programs: _____

Student Signature _____ **Date** _____

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

ATC Staff Signature _____ **Date** _____

Print Name and Provide Signature