ATHENS TECHNICAL COLLEGE®
1958

Semester: _____

Advisor: _____

Graduation Application: Marketing Management

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 Name (Banner):	Last Name (Banner):

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
☐ **Marketing Management Diploma (Major Code: MM12)**			
☐ **Marketing Management Associate Degree (Major Code: MM13)**			
☐ **E-Commerce Marketer TCC (Major Code: EA71)**			
☐ **Entrepreneurship TCC (Major Code: EN11)**			
☐ **Marketing Specialist TCC (Major Code: MS21)**			
☐ **Retail Merchandise Manager TCC (Major Code: RMM1)**			
☐ **Small Business Marketing Manager TCC (Major Code: SB51)**			
☐ **Social Media Marketing TCC (Major Code: SM11)**			
☐			
☐			
☐			

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