



Graduation Application: Paramedicine

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): |
|----------------------|-----------------------|---------------------|

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"/> Paramedicine Diploma (Major Code: PT12) | | | |
| <input type="checkbox"/> Paramedicine Associate Degree (Major Code: PT13) | | | |
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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