



## Graduation Application: Surgical Technology

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"/>	Surgical Technology Diploma (Major Code: ST12)			
<input type="checkbox"/>	Surgical Technology Associate Degree (Major Code: ST13)			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

### 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