

Semester: _

ATHENS 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).

Advisor: one-tim	e Graduation	n Fee: 706-355-5121 (ATC (Cashier/	H-Bldg).		
First Name (Banner): Middle Name ((Banner):	Last N	ast Name (Banner):		
Preferred Name for Printed/Digital Award (If not same as	above):					
Student ID:		Email:				
Phone:		@student.athenstech.edu Address:				
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Program of Study: Check all that apply				For Internal Use Only Awarded Printed Mailed		
Surgical Technology Associate Degree (Major Code: ST13)						
	Ad	ditional Information				
Are you currently employed? (Please selection	ct one):	YES NO				
Employer:		Job Title:				
Continuing Education (Please select one):	YES	NO				
Future School (If other than ATC):		Future Employn	nent Plar	ns:		
Attending Graduation Cerem		Honors Programs:				
Student Signature			Date			
Although not required, we recommend th						
	For Regist	tration & Records Use Onl	ly			
☐ ID Verified (Photo ID or email) ☐ Stude ATC Staff Signature						
	Print Name and Pi		u	ate		