

DeVry University/Georgia – Graduation Application

All candidates for graduation must submit this form to Student Central or the DeVry University Center (DVUC) prior to the beginning of their final term (fax numbers at bottom of page). This form is used to: (1) Identify remaining courses needed to complete your degree requirements, (2) Identify how your name should be listed on the program, and (3) Order your diploma.

1. Term of Graduation [check one semester/ ceremony]: February Ceremony June Ceremony October Ceremony _____
Year

2. _____
 Name: PRINT your name exactly as you wish it to appear on your diploma DeVry Student ID Number

3. _____
 Phone: Home Work E-mail Address

4. Diplomas will not be available for pickup. Please provide address where you would like your diploma mailed:

 Street Address and Apt. Number City State Zip Code

5. I hereby petition DeVry University for the following degree:
- | | |
|--|---|
| <input type="checkbox"/> Associate of Applied Science in Electronics & Computer Technology <input type="checkbox"/> Associate of Applied Science in Health Information Technology <input type="checkbox"/> Associate of Applied Science in Network Systems Administration <input type="checkbox"/> Bachelor of Science in Biomedical Informatics <input type="checkbox"/> Bachelor of Science in Biomedical Engineering Technology <input type="checkbox"/> Bachelor of Science in Business Administration <input type="checkbox"/> Bachelor of Science in Computer Engineering Technology | <input type="checkbox"/> Bachelor of Science in Computer Information Systems <input type="checkbox"/> Bachelor of Science in Electronics Engineering Technology <input type="checkbox"/> Bachelor of Science in Game and Simulation Programming <input type="checkbox"/> Bachelor of Science in Network & Communications Mgmt. <input type="checkbox"/> Bachelor of Science in Technical Management |
|--|---|

6. I will require the following disability assistance at commencement: _____

7. By signing this form, I acknowledge I understand the following:
- I must satisfactorily complete all program requirements with a minimum cumulative GPA of 2.0
 - This application does not constitute a contract between myself and DeVry University
 - Participation in the end of term commencement ceremony does not constitute an affirmation that a degree will be conferred to me.
 - My signature serves as consent to the use of my name in the Commencement program and to being photographed during the event. I also understand that such photographs may be used by DeVry University in marketing and promotional materials.

Student's Signature: _____ Date: _____

Check here for a return fax. Send to fax number: _____

8. Academics: Additional Courses Needed to Satisfy Degree Requirements after successful completion of currently enrolled courses with a "D" or better:

| Course Number | Credit Hours | Course Number | Credit Hours |
|---------------|--------------|---------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

____ Approved ____ Not Approved

____ **42 hour Upper Division Requirement Met / BSTM ONLY**

Reason: _____

Dean's Signature: _____ Date: _____

FAX NUMBERS for students to fax completed applications:

Alpharetta Campus: 770.360.9655 Decatur Campus: 404.296.2197 Cobb DVUC: 678.424.5631

Gwinnett DVUC: 678.924.0958 Henry County/Stockbridge DVUC: 770.474.5011

100% ONLINE students (including DV OL DCTR students) must go to <http://help.devry.edu> to complete their application.