

**Louisiana Education Consortium  
Application for Graduation - Grambling**

**Form J  
Appendix A**

**REGISTRAR'S OFFICE  
GRAMBLING STATE UNIVERSITY  
GRAMBLING, LA 71245**

Use a ballpoint pen.

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_  
Route, Street No., or Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Local Phone \_\_\_\_\_

Local Address \_\_\_\_\_  
GSU Box, Route, Street No, or Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check Degree:  A.A.     A.S.     B.S.     B.S.N.     B.P.A.     M. S.  
 M.A.T.     M.A.I.S.     M.P.A.     M.B.A.     Ed.S.     Ed.D.

Expected Date of Graduation \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

College (Check One):  Business     Education     Liberal Arts     Science & Technology  
 Graduate Studies     School of Nursing     School of Social Work

Advisor \_\_\_\_\_

Check appropriate ethnic category:  Black Non-Hispanic     White Non-Hispanic     Hispanic  
 American Indian or Alaskan Native     Asian or Pacific Islander

**DO NOT WRITE IN THE SPACE BELOW**

Comments \_\_\_\_\_

White/Registrar's Office                      Yellow/Department Head                      Pink/Academic Dean

**Grambling State University  
Grambling, LA 71245**

**“Achieving Excellence Through Service”**

To: The Registrar's Office/The GSU Bookstore

Date: \_\_\_\_\_

Re: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
has cleared the Departments below, which will allow him/her to proceed with graduation activities and receive a diploma.

Foundation \_\_\_\_\_ Date \_\_\_\_\_ Campus Security \_\_\_\_\_ Date \_\_\_\_\_

Alumni \_\_\_\_\_ Date \_\_\_\_\_ Library \_\_\_\_\_ Date \_\_\_\_\_

Student Life \_\_\_\_\_ Date \_\_\_\_\_ Financial Aid \_\_\_\_\_ Date \_\_\_\_\_

Housing \_\_\_\_\_ Date \_\_\_\_\_ Comptroller's Office - NSDL \_\_\_\_\_ Date \_\_\_\_\_

Placement \_\_\_\_\_ Date \_\_\_\_\_ Student Accounts/Cashier \_\_\_\_\_ Date \_\_\_\_\_