

Office of the Registrar 1600 Dr. Martin Luther King, Jr. Drive Little Rock, AR 72202

Phone: 501.420.1237 Fax: 501.375.9257 Email: registrarsoffice@arkansasbaptist.edu Homepage: www.arkansasbaptist.edu

School Code 00108700

Record of Potential Graduate Checklist

CHECKLIST FOR PROSPECTIVE CANDIDATES FOR GRADUATION

) egree	Program/Degree:	ID #:
	Are you ready for graduation?	
	(To be completed by Prospective Candidates f	or Graduation)
1.	Paid the \$125.00 graduation fee in the Business Office	Yes No
2.	Turned in application for graduation to the Registrar's Office	Yes No
3.	Satisfied all general education requirements	Yes No
4.	Cleared any "INCOMPLETE" grades that appear on transcript	Yes No
5.	Earned a cumulative GPA average of 2.0 or above	Yes No
6.	Submitted degree audit	Yes No
7.	Summer Registration (if applicable)	Yes No
8.	Completed Record of Exit Procedure Checklist	Yes No
9.	Completed 30 of the last semester at ABC	Yes No
10.	Zero Balance (Business Office)	Yes No



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Record of Exit Procedure Checklist

School Code 00108700

FALL DEADLINE: DECEMBER 1, 2024 SPRING DEADLINE: FEBRUARY 28, 2025

Name:		Student ID:		
(Last)	(First)	(MI)		
Step 1: Department Chair		Program Area		
Step 2: Testing (if applicable)		Lab Coordinator		
Step 3: Student Affairs		Residential Life		
Step 4: Financial Aid		Complete an Exit Interview (Go to www.studentloans.gov to complete)	lete the exit form)	
Step 5: Business Office		Financial Clearance		
Step 6: Registrar's Office		Turn in Completed Checklist		

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*Note: \$125.00 Graduation Application Fee

Record of Application for Graduation

<u>Application Deadline</u> : Applications and fees for A 2025 .	LL graduates are due no later than Friday, February 28							
Student ID #								
Please print the name (First/Middle/Last) you wish to appear on your Degree Limit it to 30 characters, including periods or other punctuating in the spaces provided below.								
	ase initial: Fall, November 26, 2024							
Spring, May 2, 2025 Summer I, Jur	ne 13, 2025Summer II, July 18, 2025							
Please complete the following information. If unsur	re, please check with your advisor.							
Degree Sought: Associate of Arts (AA)	Bachelor of Business Administration (BBA)							
Bachelor of Arts (BA)								
Department (Please circle one): Business, Education Service, or Fine and Performing Arts.	n/Interdisciplinary Studies, Religious Studies, Public							
Major: 1	2							
Do you have additional credits to be transferred from yes no	m another institution before graduation?							
If yes, from what institutions?								
Signature:								
(Cannot be processed without your signature)								
Printed Name (if different than degree name):								
Email Address or Daytime telephone #:								
	on file with the Office of the Registrar, if requested . To note, you must keep your mailing address current. Please if your address has changed recently.							
Graduation Fees Received by Business Office:	Date Application Received in Registrar's Office:							



Office of the Registrar

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Record of Cap and Gown Order Request

Please use upper- and lower-case letters for your name

First name:	Middle name:		_Last name:	
Mailing Address:	Street)	(City)	(State)	(ZIP)
	Sueet)	·	(State)	(ZIF)
Phone number:				
Email:				
<u>Degree:</u> (check approp	riate box)			
Associate				
Bachelor				
Cap and Gown:				
Height:	Weight:			
Male	Female			

FALL DEADLINE: DECEMBER 1, 2024 SPRING DEADLINE: FEBRUARY 28, 2025