



APPLICATION FOR GRADUATION

To apply for graduation at OSUIT, complete this form and submit it to your school within the first two weeks of your anticipated graduation semester. Your school will verify your eligibility to graduate. Applications submitted late may result in failure to appear on the graduation program and/or late diploma distribution.

INSTITUTE OF TECHNOLOGY

STUDENT INFORMATION (PRINT LEGIBLY) - Print your legal name EXACTLY. This will print on your diploma.

Name _____ CWID/Student ID Number _____

Mailing Address (Where you want your diploma mailed) _____

Email AFTER graduation _____ Phone Number _____
Degree Program (Major): _____ Semester/Year of Graduation: _____
Degree(s): AAS AS BT Fall _____ Spr _____ Sum _____

- Yes No Do you plan to participate (walk) in the commencement ceremony?
If yes: Weight: _____ Height: _____ ft _____ inches
- Yes No Will you or a family member/friend need special accommodation at commencement?
If yes, contact student life at 918-293-4942

IMPORTANT DETAILS ON GRADUATION:

- You will be contacted by your school with specific details for your school's graduation procedures, including completing a Graduate Exit interview form.
- Your diploma will be mailed to the address you provide approximately 6-8 weeks following graduation.
- Diplomas will not be mailed until all holds are cleared (e.g. unpaid balance, outstanding parking tickets, library fines, etc.).
- Check here to receive information following graduation about becoming a member of the OSU Alumni Association.
 Yes, send information to my email above

What is the name of your hometown newspaper? _____

I have read and understand the information on this application. Please submit my name for graduation.

Signature _____ Date _____

Institution use ONLY - To be completed by the School

This student is eligible to receive the above degree(s) for this semester.
(Forward this form to the Registrar's office with a Degree Works degree audit)

This student is not eligible to receive the above degree(s) for this semester. (School will inform the student.)

Advisor Signature: _____ Date: _____