APPLICATION FOR GRADUATION

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

STUDENT INFORMATION (PRINT LEGIBLY) - Print your legal name EXACTLY as you want it to appear on your diploma.

Name (Examples: Richard E. Davis, Susan Ann Smith-Edwards) ________________________________

CWID/Student ID Number ________________________________

E-mail AFTER graduation ________________________________

Phone Number ________________________________

Degree Program (Major): ________________________________

Degree(s): ☐ AAS ☐ AS ☐ BT ________________________________

Semester/Year of Graduation: ☐ Fall ______ ☐ Spr _______ ☐ Sum _______

COMMENCEMENT CEREMONY:

☐ Yes ☐ No Do you plan to participate (walk) in the commencement ceremony?

Yes (No Charge): Weight: _____ lbs. AND Height: _____ ft. _____ inches (Both required for proper fit!)

No, but you would like to order a tassel (No Charge): ☐ Yes ☐ No

☐ 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 division with specific details for your division’s graduation procedures, including completing a Graduate Exit Interview form, which includes the address where you want your diploma mailed.

• Your diploma will be mailed to the address on your Graduate Exit Interview form approximately 4-6 weeks following graduation. Please see your Department/School for Graduate Exit Interview Instructions.

• Diplomas will not be mailed until all holds are cleared (e.g. unpaid balance, loan exit interview, 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

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 Division

☐ This student is eligible to receive the above degree(s) for this semester. Forward this form to the Registrar’s office with a degree audit or plan of study, substitution forms and advanced standing credit forms as needed.

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

Signature: _____________________________________________ Date: _______________________

Revised 8-23-16