APPLICATION FOR GRADUATION

To apply for graduation at OSUIT, complete this form and SUBMIT IT TO YOUR DIVISION WITHIN THE FIRST TWO WEEKS OF SCHOOL of your anticipated graduation semester. Your division will verify your eligibility to graduate. Applications submitted late may result in your name not appearing on the graduation program, no regalia order 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  Phone Number

E-mail AFTER graduation

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?
If Yes, we need information from you to order your graduation regalia (NO CHARGE)
Chest size: _____ inches  AND  Height: _____ ft _____ inches (Both Required for proper fitting gown)
If No, would you like to order a tassel at No Charge?  ☐ Yes  ☐ No

☐ Yes  ☐ No  Will you or a family member or 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.

• 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 address 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 Division
☐ This student is eligible to receive the above degree(s) for this semester pending successful completion of current coursework.

☐ Forward this form to the Registrar’s office with a degree audit (SCT screen 681) 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/Initials  Date

Revised 9-04-12