**Degree Program**_____

# Application for Graduation

OKLAHOMA CITY
www.osuokc.edu

**Please fill out form completely and print legibly.*
*To be completed by student with department head providing Copy of Student Degree Audit Request (SCT screen 681) with approval signature. Submit to Admissions/Registrar Services office by posted deadline.*

**Student Name** *(print exactly as you want it to appear on your diploma)*

_____
*first* *middle* *last*

Student ID# _____

Mailing Address _____

_____
*city* *state* *zip*

Date of Graduation: **Semester:** ☐ Fall ☐ Spring ☐ Summer **Year** _____

Are you planning to graduate with:

☐ Honors (4.0 g.p.a.) ☐ Honors Credit (Min. 15 hrs.) ☐ Service Learning credit ☐ PTK membership

Is there any advanced standing or CLEP Credit to be applied? ☐ Yes ☐ No

Will you need special accommodation at commencement? _____

List all colleges you have attended: _____

_____

Department Head Approval Signature _____ Date _____

☐ Student Degree Audit Request attached

☐ Substitution form attached

☐ Student is receiving more than one degree

**White:** Registrar **Yellow:** Department

(Rev. 06/06)