APPLICATION FOR UNDERGRADUATE GRADUATION INSTRUCTIONS

The School of Health and Rehabilitation Sciences



			Graduation Term			
Ser	nester: Yea	r: H	IRS Program:		Track:	
T .1.1			Example: Health Sciences		Example: Online	
	ng courses outside of Ohio \$ I checked "yes", include your a				Yes:	No:
	· · · · · · · · · · · · · · · · · · ·	pp				
			Student Informatio	on		
Full N	lame:		_			
	Last agree with name shown on "Find dress :	People" and be your leg	First gal name	F	ull Middle Name	Student ID
	Mailing Street Add	lress		T	Hometown o be printed in the Unive	ersity Commencement Program
City			State			ZIP Code
	Telepho		OSU Email			
		S	elect ONE of the follo	wing:	_	
	 Bachelor of Science in Health and Rehabilitation Science Post Baccalaureate Certificate of Study Name of Certificate Program: 		☐ I a this se	 Bachelor of Science in Athletic Training I am petitioning to apply to graduate past the 10th Friday of this semester. I have attached the required documentation for review. 		
			Select ALL that app	oly:		
	HRS Honors Program (not Latin Honors)	□ Name o	Minor of Minor:			
	HRS Research Distinc	tion	Dual Degree Major			
HRS Research Distinction Dual Degree Major: College student will march with at Commencement:						
			Post-Graduation Path	iway		
	Employment/Job Offer	Employer Name:				
	Graduate/Professional School	Job Title:				
		School Name:				
		Program Name:_				
	Other					
	Unsure/Still Deciding					
			Disclaimer and Signa	iture		
	erstand that I must success ature:	fully complete all de	egree requirements in	order to g Date		

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Office Use Only:

Task		Date
	Date submitted to SHRS OSS	
	Graduation application posted in SIS	
	Minor posted in SIS	
	Commencement excuse form submitted	
	Commencement excuse form sent to University Registrar	

Advisor Use Only:

Earned Hours to date	
Proposed hours for final semester	
Total hours for degree	
Cumulative GPA	
Latin Hours	
Taking courses outside OSU; petition received/approved	
Outstanding transfer credit/curriculum petitions	
Eligible to graduate	