GRADUATION APPLICATION

www.otterbein.edu/academics/ registrar

Office of the Registrar (LM), 1 Otterbein College, Westerville, OH 43081-2006
Phone 614/823-1249 Fax 614/823-1009

CONTACT INFORMATION:

Name: _____ Student ID # _____
Last First Middle

Maiden Name (if applicable): _____

Mailing Address: Otterbein e-mail address: _____

_____
Number & Street Apartment #

_____
City State Zip + 4

_____ _____ _____
Home phone Cell phone Work phone

Program Advisor: _____

GRADUATION DATE: end of Summer Session, Sept. 1, _____ yr. end of Winter Quarter, Apr. 1, _____ yr.

end of Autumn Quarter, Dec. 1, _____ yr. end of Spring Quarter, June _____ yr.

There is one commencement ceremony held each year in June. Graduates who have finished within that academic year are invited to participate in the ceremony. If you complete your degree December Term, you will be considered a Winter Quarter graduate.

DEGREE TYPES:
BA (Bachelor of Arts)
BS (Bachelor of Science)
BFA (Bachelor of Fine Arts)
BME (Bachelor of Music Education)
BMUS (Bachelor of Music)
BSE (Bachelor of Science in Education)
BSN (Bachelor of Science in Nursing)
MBA (Master of Business Administration)
MAE (Master of Arts in Education)
MAT (Master of Arts in Teaching)
MSN (Master of Science in Nursing)

DEGREE INFROMATION: Have you previously completed an undergraduate degree? _____ yes _____no

If yes, what type of degree and major did you complete? _____

DEGREE _____ 2ND DEGREE (if applicable)_____

Major 1_____/concentration(s) _____

Major 2_____/concentration (s)_____

Minors _____

IF SEEKING OHIO TEACHER LICENSURE: Indicate the year of Teacher Education Booklet you are following _____

Teaching Field 1_____/grade level _____

Teaching Field 2_____/grade level _____

I understand it is my responsibility to know the requirements of my degree program and to complete them prior to graduation. Degree requirements may be found on-line at http://catalog.otterbein.edu/ .

Signature _____ **Date** _____

For office use only:
_____roll 092 grades SIS/SHACRSE Generation Date: _____
_____remove old degree requests SMARQCM Request #: _____
_____subs/waivers from SIS/SMASADJ
_____entered **Grad Term** of _____ SHADEGR/SGASTDN/Student Record Term
_____entered **AP/PN** for Graduation & Outcome Status SHADEGR
_____entered **graduation date** SHADEGR/SGASTDN Advisor: _____
_____**corrected program data** SFAREGS/SGASTDN E-mailed: _____

Student Comments:

Revised 9/24/09