

APPLICATION FOR GRADUATION

RO-20 Rev 090223



Office of the Registrar

Rocket Hall, Room 1100
Mail Stop #322
2801 W. Bancroft St.
Toledo, OH 43606-3390

Phone: 419.530.4829
Fax: 419.530.4828
graduation@utoledo.edu

This application is valid for one term only. See instructions on the reverse side of this form.

NOTE: Address and personal email address you provide will be used to update our records.

PLEASE PRINT.

Name: _____
Last First Middle Initial

Local Address: _____ Rocket Number: _____

Street Address _____

Former Name: _____
(if applicable)

City/State/Zip _____

Diploma Name: _____
(Print your name as you want it to appear on your diploma using your legal last name.)

Daytime Phone Number _____

Has it been more than 5 years since you attended UT?

Yes No

Personal Email Address _____

Undergraduate Candidates: What is MOST LIKELY to be your PRINCIPAL activity upon graduation?	
<input type="checkbox"/> Employment, full-time paid	<input type="checkbox"/> Military service
<input type="checkbox"/> Employment, part-time paid	<input type="checkbox"/> Volunteer activity (e.g., Peace Corps)
<input type="checkbox"/> Graduate or professional school, full-time	<input type="checkbox"/> Starting or raising a family
<input type="checkbox"/> Graduate or professional school, part-time	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Additional undergraduate coursework	

Diploma Mailing Address: Check here if same as local

Street Address _____

City/State/Zip _____

CHECK THE APPROPRIATE BOXES THAT APPLY TO YOUR DEGREE.

Term: **Apply for the term in which you will complete your degree requirements.** You should not apply to graduate based on the ceremony you plan to attend.

Fall Spring Summer Year: _____

College: Arts and Sciences Law
 Business Administration Nursing
 Education Pharmacy
 Engineering University College
 Health Science and Human Service Medicine (Non-MD degree) Main Campus December ceremony
 Health Science Campus June ceremony

Degree: Undergraduate Degree: _____
 Graduate Major(s): _____
 Law Minor(s): _____
Concentration: _____

Doctoral Candidates Please print legibly.
Dissertation Advisor _____

Dissertation Title _____

I understand that this application is valid for one term only and that I must reapply for graduation if I am deferred from graduating for any reason.

Student's Signature

Date

INSTRUCTIONS

Diploma Name:

Print your name as you want it to appear on your diploma as well as in the graduation program, using your **legal** last name. **The University will use the last name appearing on your computer record.** If that name is incorrect, you must provide proof of the correct name to update our computer records. First names must be a full name, initial, or a recognizable abbreviation of the first name shown on our computer records. If you do not wish to have your name appear in the commencement program, clearly state (**Do Not Publish**) in this same area **after** your name.

Diploma Address:

Your diploma will be mailed to the address listed as **Diploma Mailing Address.** Students may email the Office of the Registrar at **graduation@utoledo.edu** to update this address before diplomas are mailed. If you want to pick up your diploma, indicate "Hold for Pickup" as the diploma address. Main Campus diplomas will be in the Office of the Registrar, Rocket Hall, Room 1100. Health Science Campus diplomas will be in Mulford Library, Room 121,

Term:

If you will complete your degree requirements in the summer term and you wish to walk in the spring ceremony, **you should apply for summer** but submit your application by the fifth week of spring to have your name appear in the spring commencement program. College of Medicine students may choose to walk in the Main Campus December ceremony or the College of Medicine June ceremony. Indicate your preference on the application.

Degree:

List your degree and major accurately on this application. Please contact your department/college if you are unsure about this information.

Where to send your application:

Undergraduate Students:

Submit the completed application to The University of Toledo, Office of the Registrar MS 322, 2801 W. Bancroft St., Toledo, OH 43606-3390.

Graduate Students Main Campus:

Submit the completed application to The University of Toledo, College of Graduate Studies MS 933, 2801 W. Bancroft St., Toledo, OH 43606-3390.

Graduate Students Health Science Campus:

Submit the completed application to The University of Toledo, College of Graduate Studies MS 1042, Mulford Library Room 117, 3000 Arlington Avenue, Toledo, OH 43614.

Law Students:

Submit the completed application to The University of Toledo, Law College Registrar's Office MS 507, 2801 W. Bancroft St., Toledo, OH 43606-3390.

Other Important Information:

This application form is valid for one term only. **You must reapply for graduation if you are deferred from graduating for any reason.**

If you are earning **more than one degree**, you must complete an application for each degree.

