

APPLICATION FOR GRADUATION

RO-20 Rev 2025Sept15
GraduationApplication



Office of the Registrar
Rocket Hall, Room 1800
Mail Stop 322
2801 W. Bancroft St.
Toledo, OH 43606-3390

Phone: 419.530.4845
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 MI

Rocket Number: _____

Local Address: _____

Former Name(s): _____
(if applicable)

Street Address _____

Has it been more than 5 years since you attended UT? Yes
 No

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 _____

If you **do not want** your name published in the commencement program, please check this box: **DO NOT PUBLISH**

Personal Email Address _____

Diploma Mailing Address: Check here if same as local

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"/> Graduate or professional school, part-time	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Additional undergraduate coursework	

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.** Fall Spring Summer
You should not apply to graduate based on the ceremony you plan to attend.
Year: _____

- College:
- Arts, Social Sciences, Education
 - Business & Innovation
 - Engineering
 - Health & Human Services
 - Law

- Natural Sciences & Mathematics
- Pharmacy & Pharmaceutical Sciences
- University College

- | | |
|--|---|
| <input type="checkbox"/> Medicine & Life Sciences
(Non-MD degree) | <input type="checkbox"/> Main Campus December ceremony |
| | <input type="checkbox"/> Health Science Campus May ceremony |

Degree: Undergraduate Degree or Certificate: _____

Graduate Major(s): _____

Law Minor(s): _____

Certificate: Undergraduate Concentration: _____

Graduate

Doctoral Candidates :

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, please check the DO NOT PUBLISH box on the first page.

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 1800.

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 and Life Sciences students may choose to walk in the Main Campus December ceremony or the College of Medicine and Life Sciences May 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:

Main Campus Degree or Certificate Applicants

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; FAX 419.530.4828.

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; FAX 419.530.4724.

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; FAX 419.530.4526.

Health Science Campus Degree or Certificate Applicants

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; FAX 419.383.6140.

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 or certificate**, you must complete a separate application for each.

