

APPLICATION FOR DEGREE

A \$56.00 processing fee will be charged to your Oregon Tech Student Account

Student ID #:			Graduation Term:		Advi	sor:		
Name:				_ Date:	Phone	Number:		
Diploma Mailing	g Address:							
Street			City			State	Zip	
Degree: □ As	sociate's	☐ Bachelor's	☐ Master's ¹	Major*: _				
*Applied	Psychology	and Environmental	l Sciences require	an Emphasis: _				
Catalog Year:	□ 2008-09	□ 2009-10	□2010-11	□2011-12	□2012-13	□2013-14	□2014-15	
Minor(s):		Се	ertificate(s):		Special	ization(s):		
Campus Attende	ed: 🗆 Kla	amath Falls	La Grande	□ Online	□ Salem	□ Seattle	□ Wilsonville	
			r name as you wo nt one letter per box					
Hometown, State (I	For commence	ement program*)		Zip Code			For Office Use Only	
in the second of		ment program)		zip couc		□ SPAIDEN	Degree Posted:	
						□ SFAREGS	Grad GPA:	
News Media Notification (optional) I would like notice of my graduation sent to my hometown newspaper:			n newspaper:			□ SHADEGR	Honors:	
	graduuto	to my nometow.				□ SHADIPL	☐ Mailed ☐ Picked Up	
			ep 11: 4:			□ Cvr Sheet	•	
Name of Paper		City o	of Publication		State	L		

Please fill in your current and proposed courses below:

- 1. Identify each term you will be registered at Oregon Tech or a transfer school to meet your Oregon Tech degree requirements.
- 2. List all courses you plan to take during those future terms. *If you are a Medical Imaging student we will assume you have 4 terms (60 credits) of extern in addition to terms/courses listed below.
- 3. If needed, please use the bottom of this form to write additional information about courses/credits you will be completing for your degree.

Term & Year:			Term & Year:			Term & Year:		
Subject Course	Title	Credits	Subject Course	Title	Credits	Subject Course	Title	Credits

Submit this form to the Registrar's Office 2 terms prior to your anticipated graduation date. Please keep a copy of this form (front and back) for your records.

After your application and records have been reviewed, you will receive an email at your Oregon Tech e-mail address, cc'd to your advisor, notifying you of your graduation analysis results.

$If you plan \ to \ participate \ in \ commencement \ please \ complete \ the \ Walk \ Form \ at \ www.oit.edu/commencement.$

Student Signature	Date	Advisor Signature	Date
Sealing of a Degree All grade changes, removals of incompletes, and transfer wo following the end of the term of graduation. Academic record	•	• .	
¹ If your Applying for your Master's degree, your Final be awarded your degree.	Project/Thesis Approval sl	heet must be complete and submitted t	o the Registrar's Office before you will
The annual Commencement Program lists every gradu walk at graduation for your name to be listed. By subrunless you opt out. If you do not want your name liste Please DO NOT list my name in the program .	nitting this form, your nam	e will be listed in the Commencement	