

## Graduate Specialization Transcript Designation

247 UNIVERSITY HALL, 230 NORTH OVAL MALL  
COLUMBUS, OH 43210-1366  
P: 614-292-6031 F: 614-292-3656  
GSGFR@OSU.EDU

This form should be submitted with the Application to Graduate no later than the third Friday of the semester in which graduation is expected.

This is to certify that \_\_\_\_\_  
Student Name

has completed all requirements for the graduate specialization transcript designation of

\_\_\_\_\_  
Name of area of graduate specialization

identified by the graduate studies committee and approved by the Graduate School.

\_\_\_\_\_  
*Signature, graduate studies committee chair*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Graduate program*

\_\_\_\_\_  
*Date*

**Student information** List the name under which you are officially registered at Ohio State. (print)

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Ohio State I.D. number

\_\_\_\_\_  
Local address

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Business or cell phone number

\_\_\_\_\_  
Ohio State email address