Complete this form to request your graduation check. The Business Student Success Center will review your degree plan and current coursework to determine your deficiencies to complete your degree. Please be sure that it is legible.

Name: ____________________________________________

Campus Wide ID (CWID) [xxx—xx—xxx]: ______________

OSU Email Address: ________________________________

Phone Number (xxx—xxx—xxxx): ______________________

**Major/Degree #1:** __________________________________

**Major/Degree #2:** __________________________________

Minor #1: __________________________________________

Minor #2: __________________________________________

Semester you are graduating (completing your coursework): □ Spring _______

Check box next to term and write year in blank provided.

□ Summer _______

□ Fall _______

Signature __________________________

Date __________________________