Graduating Student Form

College of Engineering Combined Degree Program Approval

Section 1: To be completed by the student prior to advising appointment

Last Name	First Name			MI Phone Number			
OSU email address	OSU	SU ID Number					
Name of Current Undergraduate Program Note: Students may only be enrolled in one	e combined			ent Gra	duate Pro	gram	
Combined Degree Start Term and Year:		AU	SP	SU	Year: ₋		
BS Graduation Term and Year:		AU	SP	SU	Year: _		
Please list the courses you are confirming You should be enrolled or have taken these	ng to coun	your un		-	degrees.	rder for t	
Please list the courses you are confirming You should be enrolled or have taken these double-counted toward the combined degre	ng to coun	t toward	l both o dergrad	f your o	degrees. ogram in d	rder for t	them t
Please list the courses you are confirming You should be enrolled or have taken these	ng to coun	t toward	l both o	f your o	degrees.		
Please list the courses you are confirming You should be enrolled or have taken these double-counted toward the combined degree	ng to coun	t toward	l both o dergrad	f your o	degrees. ogram in d	rder for t	them t
Please list the courses you are confirming You should be enrolled or have taken these double-counted toward the combined degree	ng to coun	t toward	l both o dergrad	f your o	degrees. ogram in d	rder for t	them t
Please list the courses you are confirming You should be enrolled or have taken these double-counted toward the combined degree	ng to coun	t toward	l both o dergrad	f your o	degrees. ogram in d	rder for t	them t
Please list the courses you are confirming You should be enrolled or have taken these double-counted toward the combined degre	ng to coun	t toward	l both o dergrad	f your o	degrees. ogram in d	rder for t	them t
Please list the courses you are confirming You should be enrolled or have taken these double-counted toward the combined degree Course Number and Title Total Double –Counted Credit Hours (not to	ng to coun e courses in ee program.	t toward	I both o	f your o	degrees.	rder for t	them t

7/2014 Page 1 of 2

to the Graduate Coordinator of your intended program.

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College of Engineering Combined Degree Program Approval

Student Name (Printed)	Student (Signature)				
Date					
To be completed by the Undergraduate Advisor (Sta	ff):				
I have confirmed that the courses listed count toward th	e BS degree requirements.				
Undergraduate Advisor (Printed)	Undergraduate Advisor (Signature)				
Date					
To be completed by the Graduate Faculty Advisor (F	Faculty):				
I have reviewed and approved the Combined Degree co PhD degree requirements.	ourses listed, and these courses count toward MS or				
Graduate Faculty Advisor (Printed)	Graduate Faculty Advisor (Signature)				
Date					
Section 2: Combined Program Approval by	the Graduate Program Office				
I approve the courses listed to count toward MS or PhD	degree requirements.				
Graduate Studies Committee Chair (Printed)	Graduate Studies Committee Chair (Signature)				
Date					
Section 3: Combined Program Approval by	the College Office				
BS/MS Coordinator, College of Engineering (Printed)					
BS/MS Coordinator, College of Engineering (Signature)	Date				
Section 4: Combined Program Approval by	the Graduate School				
Graduate School Approval (Printed)					
Graduate School Approval (Signature)	Date				

7/2014 Page 2 of 2