

Application to Graduate Professional Doctorate

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 GS-REGSRV@OSU.EDU

This form must be submitted to the Graduate School no later than the third Friday of the semester in which graduation is expected. This application is valid for this semester only. See the [Graduate School Handbook](#), Section 7.17.

Student information

List the name under which you are officially registered at Ohio State. (type or print)

 Last name First name Middle name

 Local address Ohio State e-mail address-**required** Ohio State I.D. number

 City State Zip code Business or cell phone number

 Home town State Zip code Home phone number

Previous education

 Undergraduate degree (B.A., B.S., etc.) Undergraduate institution

 Graduate/Professional degree (M.A., M.S., etc.) Graduate/Professional institution

 Graduate/Professional degree (M.D., J.D., etc.) Graduate/professional institution

Graduation information

 Graduate program Degree expected semester/year

 Dissertation or D.M.A. Examination Committee members (Please type or print full name.)

 Degree expected semester/year

 Advisor or chair

 Advisor or chair Ohio State name.# e-mail

 Committee member

 Committee member

The signatures below indicate that the student is expected to complete both the graduate program and the Graduate School requirements for the professional doctorate degree by the end of the semester indicated above.

 Signature, student (required) Date

 Signature, advisor (required) Date

 Signature, graduate Studies Committee chair (required) Date

Office use only

Fees paid _____

Total hours of enrollment,
 current semester

Total graduate credit hours earned

Cumulative G.P.A. _____

Pre-professional exam residency
 completed

Post candidacy: _____

Missing or incomplete grades: