

Petition to Graduate

Office of the Registrar



Cincinnati State, Office of the Registrar, Room 161 Main
3520 Central Parkway, Cincinnati, Ohio 45223 • Phone: (513) 569-1522 • Fax: (513) 569-1883

Student ID # _____

Name: _____ Jr. Sr. II III
Last First Middle

Current Address: _____
Number and Street Apt/Unit

City State Zip Code County

Telephone _____ - _____ - _____ Day Evening Cell

I am petitioning for an: _____ Associate's Degree Certificate

My technology/major is: _____
A separate petition must be completed for each technology/major.

Please mark the last term in which you will be enrolled at Cincinnati State. If you are petitioning for a term that has ended or is in process, your petition will be placed in the next available term.

Fall Spring Summer Year _____

Student's Signature Date of request _____ / _____ / _____

For office use only:

_____/_____/_____
Date petition received Received by _____

Petition approved for:

Fall Spring Summer Year _____ Year _____ Major: _____

_____/_____/_____
Date petition entered Entered by _____

Office of the Registrar comments: _____
