

Records Office
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Odessa, TX 79764
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Degree/Certificate Application

Date: _____

For _____ Year / Semester

NAME _____ OC ID _____

(Legal name to be printed on diploma)

Current Mailing Address for Diploma _____

(Note: Not for official change of address) (Street or P.O. Box)

(City) (State) (Zip)

Phone: (_____) _____ Email: _____
Cell Home Work

Do you plan to participate in the Graduation Ceremony?

Yes No

Have you been inducted into Phi Theta Kappa?

Yes No

Major _____ Option _____
Catalog Year _____ Major Code(s) _____
Certificate Level(s): _____ Degree Type: AA AS AAS AAGS
Approved by: _____ Date _____
(Signature of Department Chair or Advisor)

Checklist: This Application Degree Plan (signed by you and your Department Chair/Advisor)

OFFICE USE ONLY

Major: _____ Major Code(s): _____

GPA: _____ CRT or CTT Level(s): _____

Honors: C M S N/A PTK: Y

Upon completion of: _____

Comments or lacks: _____

- SGRD
- SACS
- PERC
- Holds: _____
- Final Grades/SGRD
- UACF
- IASU
- XOAZ
- PERC
- Holds: _____
- Awarded

Mailed Picked up

Date/By: _____