



## Commencement Absence Form

*Graduate School*

*When form is completed please return to:*

*The Graduate School*

*247 University Hall*

*230 North Oval Mall*

230 North Oval Mall  
Columbus, Ohio 43210-1366  
(614) 292-6031  
gradsch-gradsrv@osu.edu

If you do not plan to attend commencement, it is important that you complete and submit this form to the Graduate School at least two weeks prior to the date of commencement. Fax: 614-292-3656.

Print/type your full name.

\_\_\_\_\_  
First/Middle/Last

\_\_\_\_\_  
Your Graduate Program

\_\_\_\_\_  
Degree expected

\_\_\_\_\_  
OSU I.D. Number

For \_\_\_\_\_ Commencement  
Quarter/Year

\_\_\_\_\_  
Name.# Email Address Required

Check Only One of the boxes below:

☐ I will pick up my diploma within two weeks after Commencement at the Student Consolidated Services Center, Student Academic Services Building, 1st Floor, 281 West Lane Avenue.

☐ I cannot personally pick up my diploma within two weeks, but I am authorizing the person(s) named below to pick up my diploma on my behalf.

Full name of the person(s) to whom you are giving permission.

\_\_\_\_\_

\_\_\_\_\_

☐ Please mail my diploma to the address provided below.  
The information below will be used to prepare a mailing label for your diploma or to contact you if there is a problem during diploma processing. (You should receive your diploma about one month after Commencement Date.)  
Please Note: diplomas are not forwarded via US Mail.

\_\_\_\_\_  
First/Middle/Last

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Your Signature Required

\_\_\_\_\_  
Date