



Central Ohio Technical College
The Gateway – Student Records
 1179 University Drive, Newark, OH 43055
 Phone: 740-364-9594 ■ Fax: 740-366-9160
 cotcrecords@mail.cotc.edu

Petition for Graduation: Degree or 1-Year Certificate

*Submit this form with your Program Evaluation attached to The Gateway by the deadline posted on the Academic Calendar, at least one semester prior to your intended semester of graduation. All sections of the form must be complete, including a Faculty or Gateway Advisor signature. Approval or disapproval of your petition will be sent via COTC email once the petition has been evaluated. **Only one degree/certificate per form. Do not use this form for internal (.CER) certificates.***

Last Name _____	First Name _____	Middle Name _____	Student ID _____
_____ <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	_____ <input type="checkbox"/> Landline <input type="checkbox"/> Mobile		
Primary Phone # _____	Secondary Phone # _____		
When do you plan to graduate?	<input type="checkbox"/> Spring (May)	<input type="checkbox"/> Summer (August)	<input type="checkbox"/> Autumn (December) _____ (year)

I request that my diploma/certificate specifically state my name as:

First and Middle name must be the same or a close variation of the file name. Ex: Mike or Michael, middle name or initial etc. Last name must match.

First: _____ Middle: _____ Last: _____

Indicate your intended degree or certificate:

Associate of Applied Business	
<input type="checkbox"/> Accounting Technology	<input type="checkbox"/> Business Management Technology
<input type="checkbox"/> Information Technology: _____ (Option)	<input type="checkbox"/> Other: _____
Associate of Applied Science	
<input type="checkbox"/> Architectural Engineering Technology	<input type="checkbox"/> Forensic Science Technology
<input type="checkbox"/> Civil Engineering Technology	<input type="checkbox"/> Health Services Technology: _____ (Option)
<input type="checkbox"/> Criminal Justice Technology	<input type="checkbox"/> Heavy Equipment Operation Technology
<input type="checkbox"/> Culinary Science Technology	<input type="checkbox"/> Human Services Technology
<input type="checkbox"/> Diagnostic Medical Sonography Technology: _____ (Option)	<input type="checkbox"/> Law Enforcement Technology
<input type="checkbox"/> Digital Media Technology: _____ (Option)	<input type="checkbox"/> Manufacturing Technology
<input type="checkbox"/> Early Childhood Education Technology	<input type="checkbox"/> Mechanical Engineering Technology
<input type="checkbox"/> Electrical Engineering Technology	<input type="checkbox"/> Nursing Technology
<input type="checkbox"/> Electrical Trades Technology	<input type="checkbox"/> Radiologic Science Technology
<input type="checkbox"/> Emergency Medical Services Technology	<input type="checkbox"/> Surgical Technology
<input type="checkbox"/> Fire Science Technology	<input type="checkbox"/> Other: _____
Associate of Arts/Science	
<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Associate of Science
Associate of Technical Studies	
<input type="checkbox"/> Associate of Technical Studies: _____	
One-Year Certificate	
<input type="checkbox"/> Culinary Skills	<input type="checkbox"/> Office Administration
<input type="checkbox"/> Emergency Medical Services – Paramedic	<input type="checkbox"/> Practical Nursing
<input type="checkbox"/> Heavy Equipment Operation	<input type="checkbox"/> Surgical Technology
<input type="checkbox"/> Human Resources	
<input type="checkbox"/> Management	<input type="checkbox"/> Other: _____

List the remaining courses for your degree/certificate completion and planned completion term:

Course code/number and title for current semester enrolled	Term	Course code/number and title of planned courses for semester graduating	Term

You must notify your advisor and Student Records of ANY changes in the course(s) listed above. Failure to do so may result in you not meeting graduation requirements.

Student Signature

Date

Advisor Signature

Date

Note: The signature of the advisor indicates only that the student’s progress is in line with meeting overall graduation requirements. Formal notification to the student of approval of the petition to graduate comes from The Gateway – Student Records.

Advisor Notes (*optional*): _____

<p>Gateway Use Only: CRI code RGCGRADP added with status “Not Reviewed” <input type="checkbox"/></p> <p>File approved by Student Records <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Approval for graduation on: _____ Date: _____</p>
