

Graduate School
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GRADUATE INTERDISCIPLINARY SPECIALIZATION TRANSCRIPT DESIGNATION

This is to certify that _____ has completed
(Student's Name)

all requirements for the Graduate Interdisciplinary Specialization transcript
designation of _____
(Name of Graduate Interdisciplinary Specialization)

as indicated on the Interdisciplinary Specialization Program form.

Signature, Chairperson
Coordinating Graduate Studies Committee

Student Information:

Name (Last, First, Middle) (Soc. Sec. No.)

Local Address

City State Zip Code

White copy - Graduate School (submit)
Pink copy - Coordinating Graduate Studies Committee Chair (retain)
Blue copy - Student's Home Graduate Studies Committee Chair
Yellow copy - Student copy