**Notification of Completion for Post- Masters (non-degree/certificate) option**

This form must be submitted to **College of Nursing Graduate Records\*** no later than the second Friday of the semester in which completion is expected. **Students submitting forms after that date may not be included in the College of Nursing’s *Convocation* ceremony (applies to spring semester only).**

INSTRUCTIONS

Please submit electronically as a single scanned pdf or MS Word document to [CON-gradrecords@osu.edu](mailto:CON-gradrecords@osu.edu)

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Last name First name Middle name

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Ohio State name.# (e-mail)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Adviser Name Specialty Area

Completion expected (Semester/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This application is valid for this semester only.*

**Your adviser must review your curriculum plan and approve your completion.**

**The student identified above will complete the Post Masters option for the semester indicated:**

**Advisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Electronic signatures are acceptable. *An email may be submitted in place of this signature****.*** Date

* Because the College of Nursing Post Masters option is non-degree seeking, these students are not included in the university’s Commencement exercises and we are unable to include the specialty on the transcript.
* Post Masters (non-degree) students are invited to the College of Nursing’s Convocation ceremony