

Graduate School  
247 University Hall  
230 North Oval Mall  
Columbus, OH 43210-1366  
Phone 614.292-6031  
e-mail gradsch-gradsrv@osu.edu

## GRADUATE MINOR TRANSCRIPT DESIGNATION

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

all requirements for the Graduate Minor transcript designation of

\_\_\_\_\_ as indicated on  
(Name of Graduate Minor)

the approved Graduate Minor Program Form.

-----  
Signature, Chairperson  
Graduate Minor 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