

WAIVER OF REGISTRATION REQUEST

First Name:	Last Name:	BGSU ID:
Degree: Doctoral Ma	aster's Program:	
· ·	nission of all required materials f iduate, I request a Waiver of Reg	for my degree by 5pm on the first day of classes the istration and to graduate in :
☐ Fall	Spring	Summer
Eligibility Criteria for Waive	er of Registration	
graduate students be registed As an exception, immediate requirements prior to 5pm of	ered for at least one semester ly following a semester of enr	on and Minimum Registration) requires that all hour during the semester in which they graduate. Follower, students who have completed all degree he semester they officially graduate, do not have to are met:
 Center. Completion and subm For doctoral and mast All grades posted. All 	tion for Graduation online throu ission of all required forms and s er's plan I students, upload of fin NGR and INC must be removed. g completion of all requirements	urveys. al manuscript to OhioLINK.
·	e student will be required to reg	n review, if it is determined that the student did not ister for a minimum of one credit hour during the
	ed form will be sent to the stude contracted through their BGSU	ent's BGSU email address. Students whose requests email address.
Graduate College Approval:		
The approval of the Graduate registration.	College indicates that the stude	nt has met all requirements to qualify for the waiver of
For Graduate College Use Onl	y:	
Degree Audit Required Forms / Survey All Grades Posted Applied for Graduation Manuscript Submission Notification Sent to Line	Status (doctoral / master's plan I)	