

## **D.O.PROGRAM RECORDS REQUEST**

Email: CHSregistrar@okstate.edu Phone: (918) 561-8469 Fax: (918) 561-8243

	First	Middle	Maiden
Date of Birth	Graduation Year	Contac	t Phone or E-Mail
ID Number	(Leave blank if not known;	do not use SS#)	
<b>Student's Signature Ma</b> (Written signature must a	oking Request:accompany all requests. Typed and c	ligital signatures can	Request Datennot be accepted.)
			d until clearance is issued by the Bursar Office 918.594
Official Transcript (*	cannot be e-mailed or faxed)		Comlex 1 Score
Proof of Enrollment			Comlex 2 CE Score
Add academic	standing		Comlex 2 PE Score
Add class sche	dule (Current semester only)		Dean's Letter/ MSPE
Add class rank	8. GDA		Official photocopy of diploma
Add Class Falls	K OI A		Certification of Graduation
Please Note:			
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