



Owens Community College – Franklin University Pathway

First Name_____ Last Name_____

Date of Birth_____ OCID or Last 4 SSN_____

Email Address_____

I am an Owens Community College graduate and plan on transferring to the Franklin University and want to take part in the Franklin University Pathway. By signing this form, I understand and agree to send my information from Owens to Franklin University.

Signature_____ Date_____

Return completed form to transcripts@owens.edu