



CLEARANCE REQUEST FOR GRADUATION

Name: _____,

(Last), (first)

Student ID #: _____

School: _____

Degree Program: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Signature: _____

Date: _____

.....
Office Use Only

Total Credits: _____

Required Credits for Graduation: _____

Number of Credits Transferred: _____

Credits Earned: _____

Academic/Attendance Standing: Good

Bad

Not Applicable

Thesis: Completed

Not Completed

Not Applicable

Library Balance: Cleared

Not Cleared: _____

School Balance: Cleared

Not Cleared: _____

International Student Advisor: _____

Date: _____

Academic Affairs: _____

Date: _____

Business Affairs: _____

Date: _____

Library: _____

Date: _____

Remark: