



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/Dissertation: Pass Fail Not Applicable

Oral Defense: Pass Fail 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: