



Graduation Clearance Form

All graduating seniors must route this form to the administrative departments listed below. Completed forms should be returned to the Office of the Registrar for final graduation clearance. Incomplete forms will be rejected.

A. Student Section:

Name: _____ ID Number: _____

Phone #: _____ Email: _____

Address: _____ Campus: _____

Graduation: Fall, Year _____

Spring, Year _____

Summer, Year _____

Major: _____ Concentration: _____ GPA: _____

I understand that the certificate will need 10 working days to be completed from the date of request.

Student Signature: _____ Date: _____

B. Administrative Departments' Section: These sections should be filled upon credit completion

Administrative Department		Signature	Date
Academic Clearance	<input type="radio"/> Accepted (GPA: _____) <input type="radio"/> Rejected (GPA: _____)		
Business Office	<input type="radio"/> Accepted <input type="radio"/> Rejected		
Library Clearance	<input type="radio"/> Accepted (Senior Project Copies were received) <input type="radio"/> Rejected		
Career Placement Division	<input type="radio"/> Accepted (CV Submitted) <input type="radio"/> Rejected		



For Office use only:

Registrar Office:

- Accepted
- Rejected

Senior Project Grade: _____

Internship Grade: _____

Signature: _____

Date: _____