CLEARANCE FOR GRADUATION

TO: Department Chair

Please complete sections I & II below and submit this form to The Graduate School within ten (10) days.

Section I (To Be Completed by the Department)

Student's Name: _____ Banner#_____
Last First MI

Address City State Zipcode

Student has applied for Graduation for the _____ Semester, 20____. Program _____.

Section II (To Be Completed by the Department)

1. Admitted to candidacy Yes___ No ___
2. Total graduate hours required _____.
3. Graduate hours completed _____.
4. Graduate hours currently enrolled in _____.
5. Graduate hours successfully transferred _____.
6. Needs to transfer _____graduate hours from
   (name of college(s) university(ies) from which
   Course(s) is/are being transferred.)
7. Graduate hours substituted ____.
8. Passed the Comprehensive Exam. Yes___ No___ NA___

Remaining Requirements Needed to Graduate

1._____ 4._____
2._____ 5._____
3._____ 6._____

Program Coordinator:_____ Date: _____
Signature
Department Chair: _____ Date: _____
Signature
Dean of School/College: _____ Date: _____
Signature

Section III (To Be Completed by The Graduate School) **Date Received from Department _____**

1. Overall GPA ____
2. Admissions to Candidacy Yes___ No ___
3. Comprehensive Examination Required Yes___ No___
4. Passed Comprehensive Examination Yes__ No__ NA__
5. Thesis Required Yes___ No ___
6. Thesis Completed Yes___ No___ NA___

Remaining Requirements Needed for Graduation

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

____Approved _____ Disapproved _____ _____
Dean/Assistant Dean of The Graduate School Date

CC: Department Chair Registrar's Office (Original)
Program Coordinator