

CLEARANCE FOR GRADUATION

To: Department Chairperson

Please complete sections I & II below, attach Program of Study and forward to the Graduate School.

Section I (To be completed by Department)

Student Name _____ Banner # _____
 (Last) (First) (Middle)

 (Address) (City) (State) (Zip)

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

Section II (To be completed by Department)

1. Admitted to candidacy YES___ NO___	6. Passed the Comprehensive Examination. YES__ No__
2. Graduate hours completed ____.	7. Graduate hours substituted/waived ____.
3. Graduate hours currently enrolled in ____.	8. Program of Study attached YES___.
4. Graduate hours successfully transferred ____.	Comments:
5. Needs to transfer ____ graduate hours from <i>(name of college(s) university(ies) from which course(s) is/are being transferred)</i>	

REQUIREMENTS NEEDED TO GRADUATE

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

Department Chairperson _____ Date _____
 (Signature)

Section III (To be completed by the Graduate School)

DATE RECEIVED FROM CHAIRPERSON _____

- | | |
|---|-----------------------------------|
| 1. Overall GPA _____ | 4. Thesis Required? YES___ NO___ |
| 2. Admissions to Candidacy YES___ NO___ | 5. Thesis Completed? YES___ NO___ |
| 3. Passed Comprehensive? YES___ NO___ | |

REQUIREMENTS NEEDED FOR GRADUATION

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

APPROVED ___ NOT APPROVED ___ DEAN OF GRADUATE SCHOOL _____ DATE _____
 (Signature)

CC: Department Chairperson
Registrar