

FAYETTEVILLE STATE UNIVERSITY  
GRADUATE SCHOOL  
GRADUATION INTERNAL CLEARANCE FORM

TO: Department Chair/Associate Dean

Please complete Section I below, and submit this form to the College Dean's Office within ten (10) days.

**Section I—To Be Completed by the Department/School**

Student's Name: \_\_\_\_\_ Banner # \_\_\_\_\_  
Last First MI

Address City State ZIP Code

Student has applied for graduation for the \_\_\_\_\_ Semester, 20\_\_\_\_. Program \_\_\_\_\_.

- Admitted to Candidacy Yes \_\_\_ No \_\_\_
- Total Graduate Hours Required \_\_\_\_\_
- Graduate Hours Completed \_\_\_\_\_
- Graduate Hours Currently Enrolled In \_\_\_\_\_
- Graduate Hours Successfully Transferred \_\_\_\_\_
- Needs to Transfer \_\_\_\_\_ Graduate Credit Hours From \_\_\_\_\_  
(name of college(s) university(ies) from which course(s) is/are being transferred)
- Graduate Hours Substituted \_\_\_\_\_
- Passed the Comprehensive Exam Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Remaining Requirements Needed to Graduate**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Graduate Coordinator/Program Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Department Chair/Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Section II—To Be Completed by the College** Date Received from Department/School \_\_\_\_\_

- Overall GPA \_\_\_\_\_
- Admitted to Candidacy Yes \_\_\_ No \_\_\_
- Comprehensive Exam Required Yes \_\_\_ No \_\_\_
- Passed Comprehensive Exam Yes \_\_\_ No \_\_\_ N/A \_\_\_
- Thesis Required Yes \_\_\_ No \_\_\_
- Thesis Completed Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Remaining Requirements Needed for Graduation**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_  
College Dean

CC: Graduate Coordinator/Program Director, Department Chair/Associate Dean, and the Registrar's Office