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 _____.

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 Credit 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 ☐ N/A ☐

Remaining Requirements Needed to Graduate

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

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 _____

1. Overall GPA _____
2. Admitted to Candidacy Yes ☐ No ☐
3. Comprehensive Exam Required Yes ☐ No ☐
4. Passed Comprehensive Exam Yes ☐ No ☐ N/A ☐
5. Thesis Required Yes ☐ No ☐
6. Thesis Completed Yes ☐ No ☐ N/A ☐

Remaining Requirements Needed for Graduation

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

☐ Approved ☐ Disapproved _____ _____
College Dean Date

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

Approved by the SACSCOC Liaison July 6, 2021