CLEARANCE FOR GRADUATION (INTERNAL FORM ONLY)

TO: Department Chair

Please complete sections I & II below and submit this form to the College/School office within ten (10) days.

Section I (To Be Completed by the Department)						
Student's Name:				Banner#		
	Last	First		MI		
Add	ress	City		State	Zipcode	
Stud	ent has applied for Graduation for the	Se	mester, 20	Program		
Sect	ion II (To Be Completed by the Department)					
1.	Admitted to candidacy Yes No	7.	Graduate hou	ırs substituted		
2.	Total graduate hours required	8.	Passed the Co	omprehensive Exar	n. Yes No NA	
3.	Graduate hours completed					
4.	Graduate hours currently enrolled in					
5.	Graduate hours successfully transferred					
6.	Needs to transfergraduate hours from (name of college(s) university(ies) from which Course(s) is/are being transferred.)					
Ren	naining Requirements Needed to Graduate					
1		4				
2		5				
3		6				
Drog	ram Coordinator:		Data			
	Signature					
Dep	artment Chair:		Date:		_	
	Signature					
Sect	ion III (To Be Completed by the College/Scho	ol) D	Oate Received	from Departmen	t	
1	Overall GPA	1	Passad Con	nnrahansiya Evami	nation Yes No NA_	
	Admissions to Candidacy Yes No			uired Yes No		
3.	Comprehensive Examination Required Yes	No 6.	Thesis Com	npleted Yes No	NA	
Ren	naining Requirements Needed for Graduation					
1			4			
2						
			Ÿ·			
	_Approved Disapproved					

CC: Department Chair Registra
Program Coordinator

Registrar's Office (Original)