



CLEARANCE FORM

Graduation / Completion

Dismissal

Withdrawal

STUDENT ID # _____

STUDENT NAME _____

TELEPHONE # _____

EMAIL _____

PROGRAM _____

CLEARANCE TERM _____

OFFICE USE ONLY

CLEARANCE (Do not sign if student has deficiencies.)

LIBRARIAN _____ *Date* _____

FINANCE OFFICER _____ *Date* _____

NOTE:

REGISTRAR TO PLACE IN STUDENT FILE

COMMENTS:

