



Graduate Clearance Form

Master's Degree Programs Only



This form confirms clearance of departmental graduation requirements. Please list the graduate student's information, receive appropriate departmental signatures, and send the completed form to the Registrar's Office. Degree conferral will be based upon graduation deadline dates set by the Registrar's Office.

Student Name: _____ PID: _____
FIRST LAST

Degree: _____ Graduation Term: _____

Please list, **explain and provide relevant documentation** for any changes from *original* Graduation Planning Sheet:

Please obtain the following signatures & ensure student's continuous enrollment below with a "✓":

Graduate Advisor Date

Graduate Program Director Date

☐

Student meets the Continuous Registration requirement.

OR

Registered for CR 500 in the semester they intend to graduate.

For Registrar's Office Use Only Date entered in AIS: _____ Entered By: _____