



GRADUATION CLEARANCE FORM

Instructions: In order to ensure that all obligations have been fulfilled prior to graduation, this completed form and your ID badge are to be returned to the Student Records Office (Office 133).

TO BE COMPLETED BY STUDENT:

Last Four Digits of SSN: _____

Name: _____

Date of Graduation: _____

Permanent Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Personal Email: _____

I acknowledge and understand I will not be able to participate in the commencement ceremonies and/or receive my diploma if I have not met all financial obligations to the College including, but not limited to, tuition, parking fees, library, graduation fees and have a \$0 balance with the College business office.

Signature of Student

Date

*****REQUIRED SIGNATURES*****

By signing below, the Academic Advisor verifies that program requirements have been met, the ETS Proficiency Profile has been completed, and the anticipated graduation date has been confirmed.

Academic Advisor

Date

Completed ETS Proficiency Profile

Financial Aid Office

Date

Business Office/Cashier

Date

TO BE COMPLETED BY THE STUDENT RECORDS OFFICE:

College Registrar/Associate Registrar Signature

Date

ID Badge #