



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 Office of Student Records and Information Management.

TO BE COMPLETED BY STUDENT:	Student ID:	_____
Name:	_____	Date of Graduation: _____
Permanent Address:	_____	Home Phone Number: _____
	_____	Cell Phone Number: _____
	_____	Personal Email: _____
	ID Badge Number:	_____

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

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

Academic Advisor	Date
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Financial Aid Office	Date
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Business Office/Cashier	Date
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Associate Registrar Signature	Date
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