



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 _____

*****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 _____

Financial Aid Office _____ Date _____

Business Office/Cashier _____ Date _____

Associate Registrar Signature _____ Date _____