

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:	RST	I AST	NET ID:	
1711	XS1	LAST		
Degree:		Graduation Term:		
Please list, explain and p Sheet:	provide relevant documen	tation for any cha	anges from <i>original</i> Graduation Planning	
Please obtain the fo	llowing signatures & ens	sure student's co	ntinuous enrollment below with a " √ ":	
Graduate Advisor	Date		ent meets the Continuous Registration requirement. OR istered for CR 500 in the semester they intend to graduat	
Graduate Program Director	Date			
Graduate Degi	rees cannot be conferred	l until the Gradu	ate Clearance Form is submitted.	

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