



OFFICE OF THE REGISTRAR

Academic Clearance

 Submit your completed form to the office of the Registrar.

Personal Information

Student ID #

2	0								
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First Name -----

Father's Name -----

Last Name -----

Major: -----

Expected to Graduate: -----

Students' Signature: -----

For Registrar's office Use Only

Dear -----

You may not graduate in ----- Semester due to the following reasons:

You may graduate in ----- Semester if the following conditions are met:

Registrars' Office Signature: -----

Date: -----