DEPARTMENTAL REQUIREMENTS CLEARANCE FORM

This form confirms clearance of departmental requirements as indicated in Section 4 of the GS25, Application for Graduation. Please return it to the Graduate School when all departmental requirements are completed (but no later than the last day of the semester in which the student is graduating.)

Date: ______________________

Student Name: ________________
Last           First            Middle

Degree: ________________________________

CSU ID: ______________________

Program Code: ______________________

Department: ________________________________

Department Head Signature ______________________ Date ______________________