RSMAS Student Clearance Form

PLEASE FILL OUT BOTH SIDES OF THIS FORM AND RETURN TO GRADUATE STUDIES OFFICE

NAME: __________________________________________________________________ DATE: ________________

Last First MI

Please print name as it appears in Canelink

STUDENT #: ________________ PROGRAM: ________________ ☐ MS ☐ PhD

CHAIR: __________________________________________________________________ Expected Date of Departure ____________

To be cleared for graduation you must have each department sign and date this form.

LIBRARIES: All books and documents borrowed have been returned, or satisfactory arrangements have been agreed upon.

RSMAS/ RICHTER LIBRARY (RSMAS Library can sign)

Signed: __________________________________________________________________ Date: ________________

FACILITIES: ID card has been returned.

Signed: __________________________________________________________________ Date: ________________

PROGRAM: All keys have been returned.

Signed: __________________________________________________________________ Date: ________________
ALUMNI INFORMATION (This information will be used for our Alumni Database.)

NAME: ___________________________ _______________ _______________ MI

ADDRESS: ___________________________ ___________________________ City State Zip

HOME PHONE ___________ CELL PHONE: _________________

E-MAIL: ___________________________

EMPLOYER NAME: ___________________________

ADDRESS: ___________________________ City State Zip

COUNTRY: ___________________________

PHONE: ___________________________ FAX: ___________________________

E-MAIL: ___________________________

DATE OF GRADUATION: ___________________________

DEGREE: ___________________________

DIVISION: ___________________________

STAY CONNECTED: (Social Media)

Do you have a LinkedIn account? ☐ Yes ☐ No
If so, would you like an invitation to join the RSMAS group? ☐ Yes ☐ No