PLEASE FILL OUT BOTH FORMS AND RETURN TO GRADUATE STUDIES

RSMAS MPS STUDENT CLEARANCE FORM

NAME: _________________________________ DATE: __________

lastname        firstname        m.i.

STUDENT #: ___________________________ DIV: ______________

CHAIR: _______________________________ EXPECTED DATE OF DEPARTURE: ______________

_In order to be cleared for graduation you must have each department sign and date this form._

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

**RSMAS LIBRARY**

SIGNED: _______________________________ DATE: __________

**RICHTER LIBRARY**

SIGNED: _______________________________ DATE: __________

**DIGITAL PRINT FACILITY (PRINT SHOP):** Duplicating charges have been paid, or an acceptable dept. schedule has been agreed upon.

(Doug Tyrrell – SG 1st floor)

SIGNED: _______________________________ DATE: __________

**BUSINESS OFFICE:** ID card has been returned.

(S/A 110)

SIGNED: _______________________________ DATE: __________

**REMOVE LOCK FROM LOCKER:** Lock returned to the MPS office.

(MPS Office)

SIGNED: _______________________________ DATE: __________

**TEACHING EQUIPMENT:** All teaching equipment has been returned.

(Graduate Studies Office)

SIGNED: _______________________________ DATE: __________

**MSGSO:** No loans are outstanding.

SIGNED: _______________________________ DATE: __________
FORWARDING INFORMATION:

NAME: ____________________________________________

lastname          firstname          m.i.

ADDRESS: ____________________________________________

                                             City    State    Zip Code

HOME PHONE: ___________________________    HOME FAX: ___________________________

HOME E-MAIL: ___________________________

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EMPLOYER: ___________________________

EMPLOYER ADDRESS: ____________________________________________

                                             City    State    Zip Code

COUNTRY: ____________________________________________

EMPLOYER PHONE: ___________________________

EMPLOYER FAX: ___________________________

EMPLOYER E-MAIL: ___________________________

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DATE OF GRADUATION: ___________________________

DEGREE: ___________________________

DIVISION: ___________________________

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(if applicable)

SPOUSE NAME: ____________________________________________

Rev. 6/2009