

7. Are you planning to transfer to another school? Yes ___ No ___

8. Please check the appropriate box concerning notification of your graduation in the newspaper:

_____ I DO wish to have notification of my graduation sent to the local newspaper

_____ I DO NOT wish to have notification of my graduation sent to the local newspaper

THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE EVALUATION OF MY ACADEMIC RECORD FOR GRADUATION APPROVAL.

Date _____ Student Signature _____

**Upon completion of this Application, please obtain clearance from #1 and #2.
If you are a technical student, you will need to obtain your program instructor's signature before submitting this application to the Office of Admissions and Records.**

<p>#1 Business Office</p> <p>Date: _____</p> <p>Receipt # _____</p> <p>Employee: _____</p>	<p>#2 Library Clearance</p> <p>Employee: _____</p> <p>Date: _____</p>	<p>#3 Technical Student Clearance</p> <p>Instructor _____</p> <p>Date: _____</p> <p>** Effective FA 07, all students who are graduating in a technical program MUST obtain their program instructor's signature for clearance before returning this form to Admissions</p>	<p>#4 Admissions Office</p> <p>Employee: _____</p> <p>Date: _____</p> <p>GPA: _____</p>
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_____ Conditionally Approved

Requirements to be met: _____

FINAL DISPOSITION OF APPLICATION:

APPROVED _____ NOT APPROVED _____

REASON FOR NON-APPROVAL _____

_____ Semester, 20____

EVALUATOR: _____ DATE: _____