MIDLANDS TECHNICAL COLLEGE
GRADUATION CLEARANCE FORM

PART I - Completed by student - please print clearly

Race _____ Sex: Male __ Female ___ E-Mail Address _____

*MTC ID Number _____ **OR** Social Security Number _____*

Legal Name _____
First Middle Last

Mailing Address _____
Street or Box Number

If this address changes before you receive your degree/diploma or certificate, please call 738-7654 to update you address

_____
City State Zip Phone Number

I am applying for a degree/diploma/certificate (circle correct one) in

_____
Print Name of Program as it Appears in the School Catalog

I understand that the degree/diploma/certificate will not be awarded unless and until I complete all the required courses successfully and achieve a cumulative program grade point average of 2.00 or better. It is required that I obtain Department Chair's signature as listed in Part III.

_____ _____ _____
Expected date of graduation *Student's Signature* *Date*
Signature implies consent to publish in Graduation Program

****

PART II - Financial Aid Exit Counseling

Financial Aid students must participate in Online Student Loan counseling by going to www.midlandstech.edu/sfs and selecting Online Exit Counseling or to http://mapping-your-future.org.

****

PART III - Completed by Department Chair

*After checking the requirements for the above listed program, I find this student eligible for graduation **provided the courses listed below** are successfully completed and a cumulative program GPA of 2.00 or better has been maintained.*

_____ _____ _____ _____

_____ _____ _____ _____

Department Chair's Signature _____ Date _____

****

PART IV - Completed by Registrar

The above student is approved _____ Not approved _____ for graduation.

Registrar's Signature _____ Date _____

DATE RECEIVED IN RECORDS _____

Revised 4-6-05