FAYETTEVILLE STATE UNIVERSITY GRADUATE SCHOOL INTERNAL CLEARANCE FORM

TO: Department Chair/Associate Dean

Please complete Section I below, and submit this form to the College Dean's Office within ten (10) days.

Section I—To Be Completed by the Department/School

Student's Name:		Banner #		
Last	First	MI		
Address	City	State		ZIP Code
Student has applied for graduation for the		Semester, 20	Program	
 Admitted to Candidacy Yes Total Graduate Hours Required Graduate Hours Completed Graduate Hours Currently Enro Graduate Hours Successfully T Needs to Transfer Grad (name of college(s) university(d olled In ransferred uate Credit Hou ies) from which			6 No N/A _
course(s) is/are being transfer Remaining Requirements Needec	·			
1		4		
2				
3.				
Graduate Coordinator/Program D	irector:		Da	ate:
		ignature		
Department Chair/Associate Dean:			Da	ate:
•		ignature		
Section II—To Be Completed by	the College	Date Received from	Department/Scho	ol
1. Overall GPA	_	4. Passed Comprehe		
2. Admitted to Candidacy Yes	No	•		
3. Comprehensive Exam Required				'A
Remaining Requirements Needec	d for Graduatio	n		
1		4		
2		5		
3.		6		
Approved Disapproved				
		College Dean		Date

CC: Graduate Coordinator/Program Director, Department Chair/Associate Dean, and the Registrar's Office