MPS STUDENT CLEARANCE FORM
PLEASE FILL OUT BOTH PAGES OF THIS FORM, AND RETURN IT TO THE MPS OFFICE.

NAME: ___________________________________________ DATE: ____________
Last Name First Name M.I.

STUDENT #: ______________________ DIVISION: _________ TTRACK: ____________

CHAIR: ___________________________ EXPECTED DATE OF DEPARTURE: ____________

In order to be cleared for graduation, you must have a representative from each office noted below sign and date this form, and please enter your forwarding and employment information.

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

RSMAS LIBRARY
SIGNED: ___________________________________________ DATE: ____________

RICHTER LIBRARY (RSMAS LIBRARY CAN SIGN FOR RICHTER)
SIGNED: ___________________________________________ DATE: ____________

DIGITAL PRINT FACILITY (PRINT SHOP): There are no outstanding balances.
(Doug Tyrrell – S Grosvenor, First Floor)
SIGNED: ___________________________________________ DATE: ____________

FACILITIES: ID card has been returned.
(N Grosvenor 103)
SIGNED: ___________________________________________ DATE: ____________

REMOVE LOCK FROM LOCKER: Lock returned to the MPS office.
(MPS Office, S/A 132)
SIGNED: ___________________________________________ DATE: ____________

EQUIPMENT: All equipment has been returned.
(MPS Office, S/A 132)
SIGNED: ___________________________________________ DATE: ____________
FORWARDING INFORMATION

NAME: 

Last Name ________________ First Name ________________ M.I. ________________

ADDRESS: ________________________________________________________________

_________________________________ City ___________________ State ____________

HOME OR CELL PHONE: ________________________ 

PERSONAL E-MAIL: __________________________

EMPLOYER: ________________________________________________________________ 

EMPLOYER ADDRESS: ________________________________________________________

_________________________________ City ___________________ State ____________

COUNTRY: _________________________________________________________________

EMPLOYER E-MAIL: __________________________ 

COMPANY/ORGANIZATION WEBSITE: ________________________________

DATE OF GRADUATION: ________________________ 

DEGREE: ________________________ 

DIVISION: ________________________

_____________________________________________________________________________

(If applicable)

SPOUSE NAME: _______________________________________________________________

Rev. 7/2015