



# NIGHTINGALE COLLEGE

CONFIDENCE • COMPETENCE • COMPASSION

## Graduation Clearance Form

All potential graduates must hand carry this form to those listed below and get the appropriate signatures. The completed form must be returned to the Registrar for final graduation clearance. This form is to be completed at least 2 weeks before the scheduled graduation date.

Name of Student: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Degree: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**Signature to show that the student has cleared all department/program requirements for graduation**

Signature:

Date:

<b>Jennifer Morris, Financial Aid Advisor</b> <input type="checkbox"/> Exit Counseling <input type="checkbox"/> Run NSLDS <input type="checkbox"/> Loan Servicer Information		
<b>John Bouwer, Student Accounts</b> <input type="checkbox"/> Check Ledger <input type="checkbox"/> Payment Status <input type="checkbox"/> Payment Contracts		
<b>Shanda Clark, BSN Program Manager</b> <input type="checkbox"/> Exit Interview		
<b>Kateryna Tishyna, Assistant Registrar</b> <input type="checkbox"/> Check GPA <input type="checkbox"/> Course Completion <input type="checkbox"/> Passing Grades <input type="checkbox"/> Status Change		

Additional Comments:

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