



Graduation Clearance Form

All potential graduates must hand carry this form to those listed below and get the appropriate signatures. The completed form must then be returned to the Registrar for final graduation clearance. **If this form is incomplete or not received by the Registrar, your Official Transcripts WILL NOT be issued to the Nursing Board of your choice.**

This form is to be completed at least two (2) weeks before the scheduled graduation date.

Your Name: _____ Expected Graduation Date: _____

Current Phone Number: _____ Current Email Address: _____

Address: (or enter the address you would like your transcripts sent to.)

_____ Degree: _____

_____ State where NCLEX is taken: _____

Signature: _____ Date Submitted: _____

Faculty must sign and date below for proof of completion.

Faculty	Faculty Signature	Date
Jamila Lowe, Career Services <input type="checkbox"/> Exit Interview <input type="checkbox"/> Release of Information <input type="checkbox"/> Graduate Survey <input type="checkbox"/> Employer Survey		
Jennifer Morris, Financial Aid Advisor <input type="checkbox"/> Exit Counseling <input type="checkbox"/> Run NSLDS <input type="checkbox"/> Loan Servicer Information		
John Bower, Student Accounts <input type="checkbox"/> Check Ledger <input type="checkbox"/> Payment Status <input type="checkbox"/> Payment Contracts		
Linda Flynn ADN Program Manager <input type="checkbox"/> Exit Interview <input type="checkbox"/> Preceptorship <input type="checkbox"/> Kaplan Review		
Kateryna Tishyna, Assistant Registrar <input type="checkbox"/> Check GPA <input type="checkbox"/> Course Completion <input type="checkbox"/> Passing Grades <input type="checkbox"/> Student Portal Accessed <input type="checkbox"/> Status Change		

Additional Comments: _____



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Modified March 15, 2016