

Student's Name:

Office of Records and Registration Graduation Clearance Form

Submission Deadlines:

Banner ID# **U01**____

Fall Completers: November 18, 2024 Spring Completers: April 14, 2025 Summer Completers: June 16, 2025

Prospective graduates are required to officially check out for graduation. This form is designed for the units listed below to certify that the student named below has cleared all obligations with Southern University at Shreveport.

Instructions:

- 1). Complete information as requested below and return the form to the Registrar's Office. All information must be typed.
- 2). The name on your University records <u>MUST</u> be the same as your degree. This means that you must correct your records should your marital status change, or you wish to change your name for any reason, providing you submit the proper paperwork.
- 3). Submit proof of payment (receipt) of the graduation fee to the Registrar's Office by the specified deadline date.

Major:				
Address:	ST			
City	ST	Zip		
Home Phone#	Cell Phone #			Cell Phone Provider: (AT&T, Sprint, Verizon, etc.)
				(AT&T, Sprint, Verizon, etc.)
E-mail Address:		sus.edu	Personal Em	ail Address:
All signatures must	be obtained prior to issuance of	f academic rega	ılia to indicat	e clearance for graduation.
1.			5.	
_	Cashier		į	Research, Sponsored Programs & Institutional Effectiveness Staff Member
2			6.	
,	Library Staff Member			Registrar's Office Staff Member
3.				
-	University Police Staff Member	<u></u> 10		
4.				
	Financial Aid Staff Member			
		DISC	CLAIM	ER
	s noted and that the Registrar's Of			equirements for commencement. It only indicates that I have no move forward with my graduation application and
	quirements by passing my courses the Registrar's Office.	and /or any other	r requirements	s, I will be notified and/or my degree or certificate will be
I plan to participate	ate in the commencement ceremon	ny.	I <u>do</u>	not plan to participate in the commencement ceremony.
Student's Signature:				Date: