



AZM UNIVERSITY

GRADUATION CLEARANCE FORM

Name ID#
Last First Middle

Faculty Major Semester/Year

Email Telephone #

I expect to complete my degree requirements and graduate by:

Student's Signature: Date:

Advisor's Signature: Date:

Registrar's Office Use Only:

Date Received	<input type="checkbox"/> Approved
Date Processed	<input type="checkbox"/> Return to Advisor
Processed By	Signature