

International Services Office ACADEMIC CLEARANCE FORM

To the STUDENT : Please fill in the following information then present this form to your Academic Advisor.				
TITAN ID	_			
FAMILY NAME: GIVEN/FIRST NAME:				
CURRENT U.S. ADDRESS:				
DEPARTMENT:	DEPARTMENT: DEGREE:			
PREFERRED E-MAIL:	REFERRED E-MAIL: PHONE:			
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To the ACADEMIC ADVISOR :				
For the above named student, please confirm one of the following:				
A. This student is expected to have completed all degree requirements at the end of:				
Fall 2023	Winter 2024	Summer 2024	Fall 2024	Winter 2025
B. This student is expected to have completed all degree requirements except the thesis at the end of:				
Fall 2023	Winter 2024	Summer 2024	Fall 2024	Winter 2025
Academic Advisor's Printed Name:				
Academic Advisor's Signature:				
Date:				

Please return this form, completed and signed, to ISO for processing.