Graduation Clearance Form

Registrar@usca.edu - (803) 641-3550 - Penland 109



Student Name: Graduation Month & Year: Degree: Concentration: Total Credit Hours Required for Degree:				USC or VIP ID:							
						Courses Remain	ning to Degree Co	ompletion:		Advisor's Notes (list	applicable cognate/track/option courses):
						Subject (ENGL)	Number (A101)	Credits (3)	Minimum Grade Required		
						_	ree Requirements		plete	incomplete	# of events remaining
Writing Intensive Courses:		complete		incomplete	# of courses remaining						
Internship/Capstone/Practicum:		complete		incomplete	N/A						
Thesis/Seminar:		complete		incomplete	N/A						
Certificates Com Total credit hours		f USC Aiken w	ithin last 25% of st	udent's degree (academic	petition required):						
Advisor signature*:				Date:							
*By signing this t				student named above based cademic Bulletin claimed by	upon the degree requirements set forth in the the student.						
Dean / Department Chair signature:				Dai	te:						
Office of the Re	gistrar	Approved		Denied							
Registrar designee signature:				Da	te:						