## **GRADUATION CLEARANCE for GRADUATE STUDENTS**

**STUDENT:** Complete this form in consultation with your advisor. Use one form per degree program. Please be advised that to allow for any necessary schedule changes, this form should be completed by the deadline as indicated in the academic calendar for that semester. See the web for specific deadlines dates [http://gradcollege.okstate.edu/student/calendar2.htm].

Return the signed and completed form to: Oklahoma State University Graduate College 202 Whitehurst Hall • Stillwater • OK • 74078 • FAX: 405-744-0355

## **GRADUATE STUDENT INFORMATION**

LAST NAME	FIRST NAME	INITIAL	SID NUMB	ER	EMAIL ADDRESS		
			Circle one:	FALL SPRING	SUMMER		
PRINT ADVISOR NA	AME MAJOR	ADVISOR	PHONE	[ANTICIPATED GF	RADUATION TERM]	YEAR	
<b>STUDENT:</b> Obtain a copy of your Plan of Study (from your department) and your most recent unofficial OSU transcript. Using those two documents, place a checkmark in each box (as appropriate) indicating that you have met the listed requirement. You may wish to propose amendments to your POS to reflect courses actually taken. Once this form is complete please take it to your graduate advisor for approval. Submit the signed, completed form (this form ONLY—no transcripts required) to the Graduate College. Keep a copy for your records.							
hours in the last 1	I will be enrolled in at least two hours my final semester, six hours in the last 12 months, and in enough hours to complete my POS. (Please see OSU Catalog)  I have checked my Plan of Study (POS) (see list to the right) and it meets departmental and Graduate College requirements.			<ul> <li>Plan of Study course GPA will be ≥ 3.00 (excluding research).</li> <li>All courses are for graduate credit.</li> </ul>			
				<ul> <li>All accepted transfer courses have a grade of B or better.</li> <li>If necessary, approved variations from department requirements have been initialed on the POS by the Advisor and approved by the Department Head.</li> </ul>			
I should complete all departmental requirements by the end of my graduation term.			<ul> <li>No course on my POS will be older than 10 years at the time of graduation.</li> <li>Course prefix and number on POS match what is listed in the transcript.</li> </ul>				
My Creative Con	nponent, Formal Report, or thesis/ of the by all deadlines.		Course pienx and number on 1 OS materi what is fisted in the transcript.				
A revised POS (ij	f needed) is attached to this form.						
I will file a diplor	na application with the Registrar.						
GRADES							
I have checked my transcript and grades—all courses required for graduation should be completed by the time final grades are due (courses where I have 'I' grades will be completed and grade changes requested).							
Student Signature:				DATE			
ADVISOR, PLEASE COMPLETE THE FOLLOWING SECTIONS							
REQUIRED EXAMS  Formal exams (e.g., comprehensive, qualifying) are not required for this degree plan, OR							
Student will take all required exams (e.g., comprehensive, qualifying) by the Graduate College deadlines.							
SPECIALIST AND DOCTORAL STUDENTS: Paperwork reporting admission to doctoral candidacy has been submitted to the Graduate College.							
THESIS/DISSERTATION [See deadlines on the web at: http://gradcollege.okstate.edu/student/calendar2.htm]							
The student is making progress and should meet Graduate College deadlines for draft copy of thesis/dissertation.							
The student is making progress and should meet the Graduate College final defense deadlines.							
The student's defense date is/should be scheduled with enough time for the student to make corrections and meet Graduate College deadlines for final submission of thesis/dissertation (all corrections made).							
DEPARTMENTAL ACTION							
I approve further action toward graduation clearance for this student.							
Advisor/Committee Chair Signature:				DATE	DATE		
Other Department Official (if needed):				DATE	DATE		