

**CLEAR TO GRADUATE
DIPLOMA
(REQUIREMENTS COMPLETE)**

SURNAME (FAMILY NAME OR LAST NAME)	GIVEN (FIRST/MIDDLE) NAMES	STUDENT NUMBER

DEPARTMENT	DIPLOMA

CLEAR TO GRADUATE (COURSES ONLY)	
ALL COURSES COMPLETED EFFECTIVE:	_____
	Date
_____	_____
DATE SIGNED	SIGNATURE OF SUPERVISOR (IF ONE ASSIGNED)

DEPARTMENTAL APPROVAL – STUDENT IS CLEAR TO GRADUATE	
_____	_____
DATE SIGNED	SIGNATURE OF CHAIR OR GRADUATE ADVISOR