

Graduate Student Separation Form

Name: _____ Student ID number _____
Last First

Reason for leaving CLU: Graduation (completed studies) Expected Graduation date: _____ / _____ / _____
mm dd year

Are you planning to attend the graduation/commencement ceremony in May? Yes No

Early separation from CLU Reason for Separation _____
 Will you complete the present term? Yes No

Forwarding Address: _____

New email Address *(please print clearly)*: _____ Cell phone: _____

Signature: _____ Date: _____

Students separating from the graduate program must obtain clearance from the offices below before the request becomes effective. Please return the completed form to the International Programs Office.

Office	Departmental Signatures	Date
Academic Department	_____ Academic Department Advisor/Representative	_____
Library/ISS (Circulation Desk)	_____ All books returned and email deactivated	_____
Health Services (Kramer Court)	_____ Close your file	_____
Student Accounts (Business Office)	_____ Account review for clearance of any balances due	_____
Registrar (Hanson Admin Bldg)	_____ Academic course review	_____
University Housing (Mogen Hall)	_____ Unit clean/undamaged – See Chris Paul (if applies)	_____
International Programs (SUB)	_____ Final step – Turn in completed form – Dr. Juanita Hall	_____