MIDLANDS TECHNICAL COLLEGE
GRADUATION CLEARANCE FORM

PART I – Completed by student – please print clearly

MTC ID Number _____ *Race:* ___*Sex: Male* ___ *Female* _____ *E-Mail Address*_____

*Legal Name:*_____
First *Middle* *Last*

*Mailing Address*_____
Street or Box Number

If your address changes before receiving your degree/diploma or certificate, please call (803) 738-7865 to update your address

_____
City *State* *Zip* *Phone Number*

I am applying for a degree/diploma/certificate (circle correct one) in:

_____
Print Name of Program as it appears in the School Catalog

I understand that the degree/diploma/certificate will not be awarded unless and until I complete all the required courses successfully and achieve a cumulative grade point average (GPA) of 2.00 or better. It is required that I obtain Department Chair's signature as listed in Part III.

_____ _____ _____
Expected date of graduation *Student's Signature* *Date*
Signature implies consent to publish in Graduation Program.

PART II – Financial Aid Exit Counseling

Students with financial aid must participate in Online Student Loan counseling by going to www.nslds.ed.gov and selecting Online Exit Counseling.

PART III – Completed by Department Chair

After checking the requirements for the above listed program, I find this student eligible for graduation ***provided the courses listed below*** *are successfully completed and a cumulative grade point average (GPA) of 2.00 or better has been maintained.*

_____ _____ _____ _____

_____ _____ _____ _____

Department Chair's Signature _____ *Date* _____

PART IV – Completed by Registrar's Office

DATE RECEIVED in Records Office _____

The above student is approved not approved for graduation.

Registrar's Signature: _____ Date:_____ Final GPA: _____