

BScN Clearance Form

This form is to be completed by Bachelor of Science in Nursing students who have completed the program and passed the General Nursing Council licensure examinations. Students must adhere to the following.

1. Successfully complete the academic course requirements for the program.
2. Have no outstanding financial obligations to the University.
3. Return all University property.
4. Must be in good standing with the University

A. Student Details (please print in CAPITAL LETTERS)

Last Name: _____ Matriculation ID:

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First Name: _____ Contact Telephone: _____

Address: _____

P.O Box: _____ Email: _____

B. Program Details

Program Code: Program Name:

Student Major: Anticipated Graduation Year 20.....

C. Student Declaration:

I have understood and agree to the terms and conditions on this form.

Signature: (required for processing): _____ **Date:** _____

Office Use Only

To be completed by Accounts Office:	
Financial Obligations Cleared: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Processed By:Signature:Date:	
To be completed by Student Services:	
Cleared by Library: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cleared by Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
To be completed by the Registrar	Comments:
Cleared for Graduation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Processed By:	
Signature: Date:	
To be completed by the Head of the School of Nursing	Comments:
Cleared for Graduation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Processed By:	
Signature: Date:	