GRADUATE STUDENT CLEARANCE FORM

College of Graduate Health Sciences
University of Tennessee Health Science Center
920 Madison, Suite 807
Memphis, Tennessee 38163

Name: _____ **Program:** _____

Mailing Address: _____

EmailAddress: _____

Home Phone: _____ **Graduation Date:** _____

INSTRUCTIONS: A student graduating from the College of Graduate Health Sciences is responsible for securing clearance from the offices indicated on this form. If you call the appropriate office they may give you a code that you can use for clearance.

OFFICE/PROGRAM	AUTHORIZED REPRESENTATIVE	DATE
Graduate Program Business Manager (i.e. IPBS, Nursing)	_____	_____
Library (8-5634) Circulation Desk, 2nd. Fl. Alexander	_____	_____
Parking Services (8-5414) 740 Court Ave.	_____	_____
Campus Police (8-4444) 740 Court Ave.	_____	_____
Admissions (8-4857) 910 Madison Room 520	_____	_____
Financial Aid (8-1601) Janice Maddox	_____	_____
Bursar's Office (8-5550) 103 Hyman	_____	_____
Payroll (8-5574) 120 Hyman	_____	_____
CGHS 920 Madison, Ste. 807	_____	_____

I certify that I have cleared all accounts with the University of Tennessee Health Science Center or made appropriate arrangements with the proper offices.

_____ _____
Student Signature **Date**

_____ _____
Signature, Program Chair/Director **Date**

_____ _____
Signature, Dean – CGHS **Date**

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