

International Services Office
ACADEMIC CLEARANCE FORM

To the **STUDENT**: Please fill in the following information then present this form to your Academic Advisor.

TITAN ID _____

FAMILY NAME: _____ GIVEN/FIRST NAME: _____

CURRENT U.S. ADDRESS: _____

DEPARTMENT: _____ DEGREE: _____

PREFERRED E-MAIL: _____ PHONE: _____

To the **ACADEMIC ADVISOR**:

For the above named student, please confirm one of the following:

A. This student is expected to have completed **all** degree requirements at the end of:

Fall 2021 Winter 2022 Summer 2022 Fall 2022 Winter 2023

B. This student is expected to have completed all degree requirements **except the thesis** at the end of:

Fall 2021 Winter 2022 Summer 2022 Fall 2022 Winter 2023

Academic Advisor's Printed Name: _____

Academic Advisor's Signature: _____

Date: _____

Please return this form, completed and signed, to ISO for processing.