



STUDENT CLEARANCE

This certifies that M _____
 is cleared of all responsibilities with the University, during the
 _____ Trimester/Semester, School Year _____.

Graduate Undergraduate

LIBRARIAN _____

CASHIER _____

DIR. STUDENT DEV'T. _____

COLLEGE DEAN _____

REGISTRAR _____

Please Claim at:

WINDOW

NOTE: SIGNATURE OVER PRINTED NAME



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