Graduation Clearance Form

Registrar@usca.edu – (803) 641-3550 – Penland 109

University of South Carolina Aiken

Student Name: _____ USC or VIP ID: _____

Graduation Month & Year: _____ Bulletin Year Claimed: _____

Degree: _____ Major: _____

Concentration: _____ Minor: _____

Total Credit Hours Required for Degree: _____ Institutional GPA Required for Degree: _____

Courses Remaining to Degree Completion:

Subject *(ENGL)*	**Number** *(A101)*	**Credits** *(3)*	**Minimum Grade Required**

Advisor's Notes *(list applicable cognate/track/option courses)*:

Additional Degree Requirements:

Academic Curricular Enrichment (ACE): complete ☐ incomplete ☐ # of events remaining ___

Writing Intensive Courses: complete ☐ incomplete ☐ # of courses remaining ___

Internship/Capstone/Practicum: complete ☐ incomplete ☐ N/A ☐

Thesis/Seminar: complete ☐ incomplete ☐ N/A ☐

Certificates Completed/Pursuing:

Total credit hours earned outside of USC Aiken within last 25% of student's degree (academic petition required): _____

Advisor signature*: _____ Date: _____

**By signing this form, you confirm thorough advisement and review of the student named above based upon the degree requirements set forth in the edition (catalog year) of the USC Aiken Academic Bulletin claimed by the student.*

Dean / Department Chair signature: _____ Date: _____

Office of the Registrar ☐ Approved ☐ Denied

Notes: _____

Registrar designee signature: _____ Date: _____