

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:

Inter-Curricular Enrichment (ICE):	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: _____