

# Clearance Form



In order to be cleared for graduation you must satisfy the minimum degree requirements set by the program and the Graduate School, fulfill all milestones noted on the RSMAS Checklist for Defense and Graduation, and complete the ETD Process by the identified deadlines.

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

MS  PhD Program: \_\_\_\_\_ Expected Date of Departure: \_\_\_\_\_

Committee Chairperson Name (Print): \_\_\_\_\_

RSMAS Exit Survey Completed?  Yes, Date Completed: \_\_\_\_\_

**Please have a representative from each office noted below sign this form, and complete the alumni information on the next page.**

**UM LIBRARIES (RSMAS & RICHTER):** *RSMAS Library may sign on behalf of both libraries*

All books and documents borrowed have been returned. No outstanding fees owed.

Annie Campbell: [acampbell@rsmas.miami.edu](mailto:acampbell@rsmas.miami.edu)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FACILITIES:**

CaneCard ID deactivated and returned.

RSMAS Facilities: [facilities@rsmas.miami.edu](mailto:facilities@rsmas.miami.edu)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROGRAM:** *Administrative Assistant or Program Director*

Office cleaned by student and inspected by program. All keys returned to program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **Alumni Information**

*This information is for the alumni database.*

Name: \_\_\_\_\_  
LAST FIRST MI

Permanent Address: \_\_\_\_\_  
CITY STATE ZIP

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Graduation Semester & Year: \_\_\_\_\_

Degree:  MS  PhD Program: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
CITY STATE ZIP

Country: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer E-Mail: \_\_\_\_\_

Employer Website: \_\_\_\_\_

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## **Stay Connected:**

 Do you have a LinkedIn account?  Yes  No

 Would you like an invitation to join the RSMAS group?  Yes  No