

Spelman College
Office of the Registrar
350 Spelman Lane, SW, Campus Box 535, Atlanta, GA 30314
Phone: 404-270-5232 | Fax: 404-270-5234

COMMENCEMENT CLEARANCE FORM

Spelman College ID No: _____ - _____ - _____ Date: _____ / _____ /20_____

Student's Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (_____) - _____ - _____ Cell phone: (_____) - _____ - _____

Non-Spelman E-mail Address: _____

Dear Graduate:

This clearance form is required before you may attain a graduation clearance letter. Please obtain the following signatures in order to be "cleared" from ALL the administrative departments listed below. After this form has been completed, please return it to the Registrar's Office by **November 6, 2009** (*December '09 Graduates*) or **April 30, 2010** (*May '10 and August '10 Graduates*).

The *Senior Survey* must be completed prior to submitting the Clearance Form. The survey will be available on-line after **March 31, 2010**. Enter your name on the survey form and submit it electronically. Your name will be forwarded to the Office of the Registrar.

Financial Aid Date
Packard Hall, 1st Floor

Perkins Loan Date
Packard Hall, Room 221

Woodruff Library Date

Student's Signature Date

Registrar's Office Representative Date