GRADUATE STUDENT CLEARANCE FORM

College of Graduate Health Sciences University of Tennessee Health Science Center 920 Madison, Suite 807 Memphis, Tennessee 38163

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Name:	Program:	
Mailing Address:		
EmailAddress:		
Home Phone:	Graduation Date:	
<u>INSTRUCTIONS</u> : A student securing clearance from the control of t	t graduating from the College of Graduate H offices indicated on this form. If you call the trance. (Some offices will require a signature	Iealth Sciences is responsible for appropriate office <mark>they may</mark> give you
OFFICE/PROGRAM	AUTHORIZED REPRESENTATIV	VE DATE
Graduate Program Business Manager (dept from which You are paid)		
Library (8-5634) Circulation Desk, 2 nd . Fl. Alexander		
Parking Services (8-5414) 3 N. Dunlap Street		
Campus Police (8-4444) 3 N. Dunlap Street		
Financial Aid (8-1601) Janice Maddox		
Bursar's Office (8-5550) 103 Hyman		
Payroll (8-5574) 62 S. Dunlap, 3 rd floor		
CGHS 920 Madison, Ste. 807 (Felicia Washington) will sign	n last after form has been submitted to me.	_
I certify that I have cleared a appropriate arrangements w	ll accounts with the University of Tennessee ith the proper offices.	Health Science Center or made
Student Signature		Date
Signature, Program Chair/Di	rector	Date
Signature, Dean – CGHS		Date

Rev. 07/30/2020