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

Name: ___________________________________  Program: ___________________________________

Mailing Address: ________________________________________________________________
Email Address: ________________________________________________________________

Home Phone: ____________________________  Graduation Date: __________________________

-----------------------------------------------------------------------------------------------
INSTRUCTIONS: A student graduating from the College of Graduate Health Sciences is responsible for
securing clearance from the offices indicated on this form. If you call the appropriate office they may give you a
code that you can use for clearance.

OFFICE/PROGRAM  AUTHORIZED REPRESENTATIVE  DATE

Graduate Program Business Manager (i.e. IPBS, Nursing) ________________________________

Library (8-5634) Circulation Desk, 2nd. Fl. Alexander ________________________________

Parking Services (8-5414) 740 Court Ave. __________________________________________

Campus Police (8-4444) 740 Court Ave. ____________________________________________

Admissions (8-4854) 910 Madison Room 525 __________________________________________

Financial Aid (8-1601) Janice Maddox ______________________________________________

Bursar’s Office (8-5550) 103 Hyman ________________________________________________

Payroll (8-5574) 120 Hyman ______________________________________________________

CGHS 920 Madison, Ste. 807 ________________________________________________________

I certify that I have cleared all accounts with the University of Tennessee Health Science Center or made
appropriate arrangements with the proper offices.

________________________________________  __________________________
Student Signature  Date

________________________________________  __________________________
Signature, Program Chair/Director  Date

________________________________________  __________________________
Signature, Dean – CGHS  Date

Rev. 08/25/2016