

DAOM GRADUATION CLEARANCE CHECKLIST

PRINT CLEARLY

1) NAME

[Redacted Name Field]

2) EXACT NAME FOR DIPLOMA

e.g. Jane D. Smith-Jones

[Redacted Diploma Name Field]

Step 2: This Section to be filled out by the following departments only. Student will take this form to these departments for review and sign-off

	Date	
1) FINANCIAL AID		
1) Exit Interview and/or sign-off	____/____/____	Signature
2) LIBRARY		
1) Sign-off	____/____/____	Signature
3) ADMINISTRATION OFFICE		
1) Account Balance	____/____/____	Signature

Step 3: Student will return to this form to the DAOM Office

This Section to be filled by DAOM Office Only		
1) Capstone Project Passed (date)	____/____/____	Approved
2) Confirm grades for all didactic courses	____/____/____	Approved
3) Confirm grades for all clinical courses	____/____/____	Approved
Comments		
Completed by (Chris Ruth):	_____	____/____/____
Reviewed by (Jacques MoraMarco):	_____	____/____/____
Final Review by (George Park):	_____	____/____/____