**CLEARANCE NOTICE  
for Engineering and Institute of Materials Science (IMS) Students Completing a Graduate Degree**

Submission of this form, properly completed, is required of any student about to complete a graduate degree in any Field of Study listed below. Certification of completion of degree requirements is withheld until this form is received.

|  |  |  |
| --- | --- | --- |
| Aerospace Engineering | Computer Science | Mechanical Engineering |
| Biomedical Engineering | Electrical Engineering | Metallurgy |
| Chemical Engineering | Environmental Engineering | Ocean Engineering |
| Civil Engineering | Materials Science | Polymer Science |

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check the item below which applies to this student:

All keys belonging to the School of Engineering and/or IMS have been returned. All property   
belonging to the School of Engineering, IMS or to their faculty members has been returned   
(e.g., books, equipment, instructional and/or research materials, etc.). All laboratory space has   
been cleared and all hazardous materials have been disposed of safely. All file storage on School   
of Engineering or IMS computers has been cleared and all borrowed software returned.

This student is completing a master's degree and is continuing on directly to pursue doctoral   
study. He or she is not required to relinquish keys or other School of Engineering or IMS   
property at this time.

**SIGNATURES:**

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Student Date

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Major Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department/Program Head Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Director, IMS (if applicable) Date

* Original to department

Rev. 01/13