California State University **Chico**
Graduate Studies

Student Services Center, 460
400 West First Street
Chico, CA 95929-0875
530-898-6880
www.csuchico.edu/graduatestudies

Graduation Clearance Form Submission Instructions

STUDENTS

- Fill out the top portion with your identifying information;
- Enter the Term, Department and Course Number (e.g., HIST 600), Course Title, Units, and Grade (if received) for only the courses that are counting towards your program; you can use the **Catalog** as a guide;
- Check the appropriate box under the Culminating Activity section at the bottom to indicate which culminating activity you will be completing for your degree;
- List your committee members in order starting with your committee chair;
- Indicate whether you have attended another college or university while enrolled in your master's program and, if so, where;
- Type your name on the candidate sign-off line (please do not use a digital signature as it makes the form unfillable and difficult to edit);
- Email the completed form to your Graduate Coordinator from your *@csuchico.edu* email account.

GRADUATE COORDINATOR

- Make sure the student has met all **Catalog** course requirements for your program;
- Ensure that the student has entered only the courses counting towards their program;
- If the student took a course at another university, make sure this is indicated in the "Substitution for Catalog Requirement" column;
    - ► e.g., if a course was taken at Fresno State, "Fresno State" should be written in the substitution column so we will know to look at the Fresno transcript;
- If the student took a course as a substitution for a Catalog requirement, make sure this is indicated in the far-right column;
    - ► e.g., if your Catalog requires students to take SUBJ 600, but the student was allowed to take SUBJ 601 instead, SUBJ 601 should be on the, GCF and in the substitution column it should say "Sub for SUBJ 600;"
- Ensure the student has typed in their committee members in the correct order;
- Mark the box indicating the Writing Proficiency Requirement has been met;
- If the student is currently enrolled in the writing requirement course, you can leave this blank and we will mark the box when the course is passed;
    - ► If you have not yet advanced the student to candidate status, mark the box for Advance to Candidacy and write in the term of advancement;
- Type your name on the Graduate Coordinator Sign-off line (**please do not use a digital signature as it makes the form unfillable and difficult to edit**);
- Save the completed form in our shared Box folder under the correct semester.

QUESTIONS?

Contact the Office of Graduate Studies at 530-898-6880 or *graduatestudies@csuchico.edu*

California State University **Chico**
Graduate Studies

Master's Degree Graduation Clearance Form

Name: _____ Program & Option: _____ Date: _____

ID#: _____ Chico State Email: _____ Phone: _____

LIST ONLY THOSE COURSES CONSTITUTING YOUR MASTER'S DEGREE PROGRAM (consult appropriate catalog for specific program and general university requirements)

Office Use Only		Term	Dept & No.	Course Title	Units	Grade	Course Substitution/Institution (if taken elsewhere)
T	C						
☐	☐						
☐	☐						
☐	☐						
☐	☐						
☐	☐						
☐	☐						
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CULMINATING ACTIVITY

Please note: *persons completing a thesis or project must comply with the University policy on the use of human and animal subjects.*

☐ Thesis   ☐ Professional Paper

☐ Project   ☐ Comp Exam

☐ ERM   ☐ Business Analysis or Culminating Research Course

☐ AR

LIST YOUR COMMITTEE MEMBERS

1) CHAIR: _____

2) _____

3) _____

4) _____

If you have been **ADJUNCT ENROLLED**, please indicate whether you have attended another university since you started your program at Chico State: ☐ Yes ☐ No

　If yes, name university: _____

SIGN-OFF (Please Type Your Name)

_____   _____
CANDIDATE SIGN-OFF   Date

_____   _____
GRADUATE COORDINATOR SIGN-OFF: Date

　☐ Writing Proficiency Requirement Completed   ☐ Advance to Candidacy

_____   _____
APPROVED–OFFICE OF GRADUATE STUDIES   Date

FOR OFFICE USE ONLY   ADMITTED TO CLASSIFIED STATUS: _____   ADVANCED TO CANDIDACY: _____   EXPIRATION DATE: _____