



ROBERT D. CLARK HONORS COLLEGE

Graduation Final Information Form

Name: _____ Student ID: _____
Last First Middle

Phonetic Spelling: _____

Admit Date: _____

Phone Number: _____ Email: _____

Permanent Mailing Address: _____

Graduation Checklist:

___ Applied for graduation at UO Registrar's Office; asked for a graduation analysis.

___ Met with your major department advisor to make sure you have completed all graduation requirements.

___ Submitted two final, signed, original thesis copies to the Academic Coordinator at the CHC Office. Thesis Envelope Coversheet should be attached to each envelope.

___ Obtained, and will complete and submit a Graduation Questionnaire.

___ If needed, submitted a Thesis Reimbursement Application for expense reimbursement with original receipts attached.

Major(s): _____

Degree(s): _____ Anticipated Graduation Term/Year: _____

For Office Use Only
Grad Term/Yr

For Office Use Only
Last Name, First name & Initial

For Office Use Only	
Year Admitted _____	Initials Below
___ Thesis checked for formatting requirements.	_____
___ Certificate completed and signed by Director.	_____
___ Graduation questionnaire received.	_____
___ File preparation for archiving.	_____
___ Cleared in Banner.	_____
___ CHC/UO audit cleared.	_____