



Office of Records & Registration

Massachusetts Hall Suite 103

GRADUATING SENIOR CHECK-OUT FORM

Name _____ ID# _____
 First Middle Last

SIGNATURE NEEDED:

MAJOR _____

DIVISIONAL CHAIRPERSON _____

ACADEMIC ADVISOR _____

*ATHLETIC DIRECTOR _____

DIRECTOR OF CAREER PLANNING _____

LIBRARIAN _____

SENIOR CLASS ADVISOR _____

*RESIDENCE DIRECTOR _____

VICE PRESIDENT FOR FISCAL AFFAIRS _____

CASHIER _____

MAILROOM OFFICIAL _____

SIGNATURE OF GRADUATING SENIOR _____

***SIGNATURE NOT REQUIRED FOR OM or NTCJ STUDENTS**

Registrar Signature _____ Date Approved _____