

University of Arkansas at Pine Bluff  
Graduation Clearance Form

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student ID Number or SS Number

\_\_\_\_\_  
Date of College Entrance

\_\_\_\_\_  
Expected Graduation Date

I, \_\_\_\_\_, hereby agree to pay the cost of graduation fees in the amount of \$52.00 (Undergraduate Degree) \_\_\_\_ OR \$63.00 (Graduate Degree) \_\_\_\_.

*Note: Graduation fees are required in accordance with the current board policy*

**APPROVAL FOR TRANSFER OF GRADUATION FEE**

**Associate Dean of Students**

*Residential Services | Delta Complex Annex*

\_\_\_\_\_

**Dean of Students**

*Caldwell Hall | Room 201*

\_\_\_\_\_

**Student Financial Services (Financial Aid Officer)**

*Caldwell Hal | Room 102*

\_\_\_\_\_

**Career Services**

*Caldwell Hal | Room 202*

\_\_\_\_\_

**University Police and Public Safety**

*1900 Reeker Street*

\_\_\_\_\_

**Nat'l Defense Student Loan Collection**

*Student Financial Services*

*Caldwell Hal | Room 101*

\_\_\_\_\_

**PDSO Signature**

*Applied Science Building*

*\*International Students Only*

\_\_\_\_\_

**FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE**

Graduate Fee Paid \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_

Signature of Cashier \_\_\_\_\_ Date \_\_\_\_\_