

**Master's GRADUATION CLEARANCE FORM
CSTP, MSRT, Terminal Master**



THE GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES
BAYLOR COLLEGE OF
MEDICINE

STUDENT NAME: _____ Student ID #: _____
GRADUATE PRGM: _____

Final transcript has been reviewed and approved (with exceptions noted). Approval is indicated by signature on the transcript and below:

STUDENT'S SIGNATURE: _____ DATE: _____

Upon completion of the clearance process, an official transcript may be requested from the Registrar's office (M210)

Forwarding Address: _____ Phone Number: _____

Non BCM Email Address: _____

GRADUATE SCHOOL VERIFICATION & CLEARANCE

ALL REQUIREMENTS FOR THE MASTER'S DEGREE HAVE BEEN MET AND
THE LAST DAY OF ACTIVE ENROLLMENT FOR THIS STUDENT IS: _____

The student has completed the GSBS Exit Survey and the GSBS Evaluation Survey.

The student will pay \$15.50 per copy for binding, and a \$2.95 front cover lettering, per Title line, set-up charge. (to be determined at the time of submission to GSBS.)

Paid \$ _____ Owes \$ _____

GRADUATE SCHOOL: _____ DATE: _____

- Staying at BCM in same lab/department as a postdoctoral fellow or other staff job.
- Returning to BCM Medical School as a full-time medical student.
- Staying at BCM but changing departments
- Leaving BCM immediately.

DEPARTMENTAL CLEARANCE

Department administrators must receive GSBS graduation Memo prior to entering any HR Actions in SAP for graduating Students.

ADVISOR: _____ DATE: _____
GRAD Program Admin: _____ DATE: _____
DEPT HR ADMIN: _____ DATE: _____

If the graduate is staying at BCM, SAP reclassification must be processed immediately.

Page 2 of **Master's** GRADUATION CLEARANCE FORM

STUDENT NAME: _____	Student ID #: _____
LAST DAY OF ACTIVE ENROLLMENT: _____	GRAD. PRGM: _____

BCM CLEARANCE PROCEDURE

THE DIPLOMA WILL NOT BE AWARDED WITHOUT COMPLETION OF THE CLEARANCE PROCESS.

Students in the **CSTP program** only have to receive clearance signatures from **Student Financial Aid and Student Account Services** because they **retain** their BCM faculty position while in the CSTP program.

SIGNATURES BELOW INDICATE DESIGNATED RESPONSIBILITIES HAVE BEEN MET

Planned Graduation Date: _____

SIGNATURES <u>MUST</u> BE OBTAINED IN THIS ORDER	Signature	Date
<p>Student Benefits - Student Health Insurance Plan (SHIP)</p> <p>Coverage for you and any dependents enrolled in the SHIP will terminate on the last day of your graduating month. There is not an option to continue the SHIP. For resources on buying an individual policy or any questions about the SHIP email ask-studentinsurance@bcm.edu or call 713-798-1500 and ask to speak to a Student Benefits Representative.</p> <p style="background-color: yellow; text-align: center;">Student's signature acknowledges receipt of this information X</p>	<p>No signature required from Student Benefits. For any questions regarding the SHIP email ask-studentinsurance@bcm.edu or call 713-798-1500 and ask to speak to a Student Benefits Representative.</p>	
<p style="text-align: center;">Student Financial Aid - (713) 798-4603, Cullen Bldg. Rm. 415A, Monday - Friday FinancialAid@bcm.edu</p> <p style="text-align: center;">8:00am-5:00pm Federal Loan Exit Counseling www.studentloans.gov.</p>		
<p>Student Account Services – O'Quinn Tower email form to sas@bcm.edu for signature</p> <p style="text-align: center;">BCM Loan Exit Counseling Account Paid in Full</p>		
<p>TMC Library - Account is closed if student is leaving Baylor. If student is remaining at Baylor as a Postdoc, the account is changed accordingly. ras.check@library.tmc.edu</p>		
Signatures below MUST BE OBTAINED on the Day of Your Graduation Appointment		
<p>International Services Office – 6624 Fannin St. Ste. 1800 (foreign nationals only)</p>		
<p>Security – BCM 108H ID badge turned in here. All BCM access is terminated.</p>		

The completed form must be returned to the Graduate School of Biomedical Sciences' Student Forms Drop Box, N204.