

**SUNY MARITIME COLLEGE**  
**Office of the Registrar**  
**6 Pennyfield Avenue**  
**Throggs Neck, NY 10465**

Telephone Number 718 409 - 7266

Fax Number 718 409 - 7264

**Final Undergraduate Clearance Before Graduation**

Graduation Date \_\_\_\_\_ Name of Student: \_\_\_\_\_  
First Middle Last

ID: \_\_\_\_\_ Degree \_\_\_\_\_ Major: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number Cell \_\_\_\_ or Home \_\_\_\_ and Email address \_\_\_\_\_

In order to clear your record and credit your account with any refund that may be due to you and to preclude any future claim on Government or New York State property or equipment which may have been placed in your custody, it is necessary to process this clearance form. It is the responsibility of the student to check with each Department listed below and obtain a final clearance before leaving SUNY Maritime College. Final clearance also requires completion of the attached Senior Exit Survey and turning it in to the Registrar's Office. Failure to clear any department will result in withholding any Federal Funds due you. Note: If there is a Hold placed on your record, no transcripts, no diploma, no verification of degree awarded or attendance may be processed. The record of the student is closed until the Hold is removed from the record of the student.

**The student must obtain a signature of clearance from each of the departments listed below:**

<b>University Police:</b>	Date _____
_____	Date _____
<b>Library:</b>	Date _____
_____	Date _____
<b>International Student Advisor:</b> (Required only for students on F1 Visa)	Date _____
_____	Date _____
<b>Financial Aid:</b>	Date _____
_____	Date _____
<b>Student Accounts:</b>	Date _____
_____	Date _____
<b>Director of Facilities:</b> (Room Inspection & key)	Date _____
_____	Date _____
<b>Commandant of Cadets:</b> (If a Cadet)	Date _____
_____	Date _____
<b>Dean of Students:</b> (All undergraduates)	Date _____
_____	Date _____
<b>Registrar:</b> (Also, acknowledges receipt of Senior Exit Survey)	Date _____
_____	Date _____

If the student lived on campus, the student must certify that he or she removed all personal belongings from the room assigned to the student. All belongings removed. Yes \_\_\_\_\_ If the student did not live on campus, student must indicate did not live on campus \_\_\_\_\_. All Students must read statement and sign: I have cleared all departments listed and have surrendered all Government, State or College property in my custody.

**Signature of Student X \_\_\_\_\_ Date: \_\_\_\_\_**

**This form and the Senior Exit Survey must be returned to the Registrar's Office for Final Clearance.**



Questions 26 - 36, please indicate your level of satisfaction by the following scale.

1. very satisfied
2. satisfied
3. neutral
4. dissatisfied
5. very dissatisfied
6. not applicable

	Response #
26. Overall quality of the education you received at Maritime College	
27. Quality of instruction in your major	
28. Quality of instruction you received outside your major	
29. Quality of academic advising	
30. Quality of career advising	
31. Quality of scientific equipment	
32. Opportunities to integrate what you have learned with personal experience	
33. Availability of courses in your major	
34. Availability of courses outside your major	
35. Quality of library services	
36. Quality of library and literacy programs	

**Please include any suggestions to improve the quality of education provided at Maritime College.**

**Thank you and congratulations on your achievement.**

**Please return this Survey to the Office of the Registrar with the Final Clearance form**