



Passaic County Community College

Graduation Checklist

STUDENTS PLEASE COMPLETE

Print Name		ID or last 4 digits of SS#
Address		Phone #
City	State	Zip
Academic Program	College Credits Completed	Anticipated Graduation Date
College Writing Exam, date completed		Graduation Application, date completed

ADVISOR PLEASE COMPLETE

Academic Program Graduation Clearance

I have reviewed the student's status. In order to graduate, the following courses **must** be completed:

The following substitutions and/or waivers are approved:

Requirement Waived	Requirement Substituted	Requirement Waived	Requirement Substituted

Recommendation/Referral:

Academic Program Chairperson: (Please Print)

Signature, Date

PLEASE RETURN ORIGINAL AND GIVE STUDENT DUPLICATE COPY