



NOTE: Remit to the Attention of  
Gillian Hallmen, Assistant Registrar

Coppin State University  
OFFICE OF RECORDS AND REGISTRATION  
PHONE: (410) 951-3700 FAX: (410) 951-3701

**University Departmental Graduation Exit Form**

**Instructions to Students:** This form is to be completed by students who have submitted the Application for Graduation and Diploma after the application deadline date. You are required to contact the following Departments and Offices listed below to receive verification that all obligations have been satisfied.

**The University Departmental Graduation Exit Form**

The form is mandatory for all *late Graduate & Undergraduate candidates for graduation*. Awarding /a final assessment for degree completion will not be initiated until this form is returned to this office. The student is responsible for returning this form to the Office of Records and Registration.

**ANTICIPATED GRADUATION SEMETER/SESSION:** \_\_\_\_\_  
ex. Spring 2017

**NAME:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_  
(Please print clearly)

**MAJOR:** \_\_\_\_\_ **TELEPHONE #** \_\_\_\_\_

Please assist the student listed above by completing the designated section listed below.

DEPARTMENT/ OFFICE	REQUIREMENTS MET	DEPARTMENT/OFFICE SIGNATURE	DATE
*Dept. Assessment	___ Yes ___ No	_____	_____
Financial Aid 410-951-3636	___ Yes ___ No	_____	_____
Perkins Exit 410-951-3677 2 <sup>nd</sup> . fl. Miles W. Connor Admin. Bldg. Room 216 Controller's Office	___ Yes ___ No	_____	_____
Library 410-951-3400	___ Yes ___ No	_____	_____

I understand that if all designated signatures are not obtained the **Departmental Exit Assessment Form** will not be accepted.

**Please indicate if you have previously submitted an application for Graduation and Diploma**  
\_\_\_ Yes \_\_\_ No, if yes what yr.: \_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ Please note: all endorsements are subject to verification.

Revised 11-2015