**Radiological Sciences Clearing Form**

**Procedures to Exit Program**

If you leave the Radiological Sciences program through graduation, withdrawal, dismissal, or leave of absence, the following procedures should be followed. *It is not possible to complete the clearance process in one day.* Until you are cleared in all areas, a "Hold" will be placed on your official transcript.

A. Notify the Graduate Office by submitting a letter describing your intentions to clear campus if you are leaving the program without graduating. At this time, the checklist below will be issued to you for clearing through the Radiological Sciences Division.

B. It is your responsibility to obtain clearance in appropriate areas listed on the form such as the library, laboratories, university police, financial aid, bursar's office, etc.

C. If you are receiving financial aid or have student financial aid debt, schedule an exit interview with the Financial Aid Office to work out repayment schedules, etc.

**Checklist for Clearing Radiological Sciences Graduate Student Program**

Meet with Division Chief to discuss plan of action and submit letter of intent.

________________________________________
Chief

Return any books or materials to the Radiology Library.

________________________________________
Radiology Education Ctr.

E-mail cancellation or retention

________________________________________
Computing Resources

Turn in any lab coat(s) issued for your use.

________________________________________
Linen Services

University Police (I.D. and Parking Permit)

________________________________________
U.T. Police

Drop off any University lab or office keys to the Administration Office in Room 636F. **Clear as Teaching Assistant if applicable.**

________________________________________
Radiology Administration

Sign below and drop this form off to the Radiological Sciences Graduate Student Office room 652E. Please leave the name, address, and phone number of your employer on page 2 with the Academic Programs Coordinator.

________________________________________  __________________________
Student signature                             Date

Print Student Name
Employer:    __________________________________________________________

Address:    __________________________________________________________

Phone:    __________________________________________________________

Fax:    __________________________________________________________

Email:    __________________________________________________________

Will you be keeping University Live Mail?  Yes  No

Mailing Address after clearing:

Name:    __________________________________________________________

Address:    __________________________________________________________

_________________________________________________________

_________________________________________________________

Do you have an issued locker by the Dept of Radiology Division of Education?  Yes  No