



Anaheim Main Campus: 1126 N. Brookhurst St., Anaheim, CA 92801-1701
Tel: 714-533-1495 Fax: 714-533-6040

Los Angeles Campus: 2727 W. 6th St., Los Angeles, CA 90057-3139
Tel: 213-738-0712 Fax: 213-480-1332

CLEARANCE FORM

Program: MAcHM DAcHM DAOM

Reason: Graduated Transfer Withdrawal Dismissed

Student name: _____ **ID #:** _____
Last First Middle

Address: _____

Phone number: _____ **E-mail:** _____

DO NOT SIGN IF STUDENT HAS DEFICIENCIES: CLEARANCE SIGNATURES

Director of Clinic / Coordinator: _____ date: _____

Program Advisor: _____ date: _____

Librarian: _____ date: _____

Financial Aid Officer: _____ date: _____

International Student Advisor: _____ date: _____

Finance Officer: _____ date: _____

Registrar: _____ date: _____

Academic Dean: _____ date: _____

NOTE: It is the student's responsibility to obtain ALL the required signatures by the appropriate administrator.

REMARKS: