Returning Student Clearance Form

Student's name: _____ **Student's ID number:** _____

Permanent Address: _____
Street number & name City State Zip Code

This section completed by the Registrar's Office:

Student's last semester of attendance: _____
Semester Year

Student's cumulative G.P.A. _____

Student's Academic Standing: ☐ Good ☐ Probation ☐ Dismissal

_____ _____
Signature of Registrar or designee Date

This section completed by the Business Office:

Student has an outstanding balance: ☐ Yes ☐ No

If yes, student has made arrangement for payment: ☐ Yes ☐ No

_____ _____
Signature of Student Accounts Officer of designee Date

This section completed by Student Affairs:

Student is in good disciplinary standing with the University: ☐ Yes ☐ No

_____ _____
Signature of Dean of Student Affairs or designee Date

This section completed by the Student:

By signing below, I agree that the information above is true. I understand that as a returning student I must submit all official academic transcripts from each college/university attended since my last enrollment at Huston-Tillotson University. Additionally, I understand that prior to completing registration I must pay any outstanding balances from my previous enrollments at Huston-Tillotson or enter into a payment plan with the University.

_____ _____
Student Signature Date

This form must be completed and returned to the Office of Admission.