



UNIVERSITY OF  
**DETROIT  
 MERCY**

## ACADEMIC CLEARANCE FORM

*To the student: Please fill in the following information then present this form to your academic advisor.*

NAME: \_\_\_\_\_ STUDENT # \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DEGREE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

*To the Academic Advisor:*

*This international student is applying to the U.S. Immigration Service for permission to work in the U.S. for one year following completion of a program of study or following completion of all degree requirements except the thesis or dissertation. In order to process the application, the International Services Office must have certification of the student's expected date of completion. Please review the student's plan of work and complete the following section. If you have any questions, please contact Weihong Sun, Director of International Services Office at sunwe@udmercy.edu or call at 313-993-3323.*

**PLEASE COMPLETE LINE A OR B AS APPROPRIATE**

**A.** This student is expected to have completed **all** degree requirements at the end of:

T1       T2       T3       S1       S2      of the current academic year

**B.** This student is expected to have completed all degree requirements **except the thesis** at the end of:

T1      T2      T3      S1      S2      of the current academic year

*Advisor's Name:* \_\_\_\_\_

*Advisor's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_