

HAMPTON UNIVERSITY
Hampton, Virginia 23668

Name (Printed): _____ Signature: _____
Department _____ School _____

CLEARANCE FORM – ACADEMIC YEAR: 20__ - 20__
(RETURNING FACULTY)

Please supply the information requested below, secure the proper signatures, and return the completed form to the **Office of the Provost**. (Check your academic planner for due dates)

1. LIST COURSES TAUGHT (Use back of this sheet if necessary) –*Please note the Dean may require additional documentation*

Fall Semester Course/Section	Fall CRN#

Spring Semester Course/Section	Spring CRN#

2.

	Signature
{ } Syllabi, Exams and Roll Book submitted to Department Chair	
{ } Syllabi, Exams and Roll Book submitted to Dean	
{ } Annual Reports to Chairperson, Directors and Deans filed with the Office of the Provost by the last work day of May. (If Applicable)	
{ } Clearance by Grants Office (Time & Effort Sheets and annual reports).	
{ } All student academic records cleared with Office of the Registrar:	

3. Do you plan to work at Hampton University during the Summer? ___Yes ___No

4. **IMPORTANT: LOCAL HOME ADDRESS AND PHONE NUMBER:** Address to which communications may be sent. If more than one address will be used, please give alternate address:

LOCAL/HOME ADDRESS:

ALTERNATE ADDRESS:

HOME PHONE NUMBER (___) _____

*Unlisted/Restricted? ___Yes ___No

ALTERNATE NUMBER (___) _____

*Unlisted/Restricted? ___Yes ___No

**Unlisted/Restricted numbers will not be given to others without the permission of the individual*