

HAMPTON UNIVERSITY
Hampton, Virginia 23668

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

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

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

1. **LIST COURSES TAUGHT** during current academic year and/or other administrative responsibilities, special assignments, etc. (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
1. Syllabi, Exams and Roll Book to Dropbox Dean	
2. Annual Reports to Dean and/or Director and filed with the Office of the Chancellor and Provost by the last work day of May. (If Applicable)	
3. Faculty Handbook returned to Dean and/or Director: Dropbox	
4. Inventory of equipment and/or supplies filed with Dean and/or Director	
5. Keys turned into Dean and/or Director: Dropbox	
6. University Police Clearance	
7. Library records cleared with University Library	
8. Clearance by Grants Management Officer (Time & Effort Sheets and annual reports)	
9. All student academic records cleared with Office of the Registrar	
10. Academic Technology Mall Clearance	
11. Business Office Clearance	

Return Clearance Form to Chancellor and Provost

3. **Date leaving H.U.:** _____

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*

Revised: May 08, 2020