

**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 Chancellor and 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
1. Syllabi, Exams and Roll Book on file with the <b>Dean</b>	
2. Annual Reports to <b>Dean</b> and/or <b>Director</b> and filed with the Office of the Chancellor and Provost by the last work day of May. <b>(If Applicable)</b>	
3. Clearance by <b>Grants Management Officer</b> (Time & Effort Sheets). <b>(If Applicable)</b>	
4. All student academic records cleared with Office of the <b>Registrar</b> :	

**Return Clearance Form to Chancellor and Provost**

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 ( )**

**ALTERNATE NUMBER ( )**

\*Unlisted/Restricted? Yes \_\_\_ No \_\_\_

\*Unlisted/Restricted? Yes \_\_\_ No \_\_\_

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