



CLEARANCE FORM

Name: \_\_\_\_\_

Registration No. \_\_\_\_\_ Department: \_\_\_\_\_ Program: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Clearance \_\_\_\_\_ Required \_\_\_\_\_ For: \_\_\_\_\_

CGPA: \_\_\_\_\_ Total Credit Hours Completed Successfully: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Clearances to be obtained from:

Department	Authorized Signature	Stamp
Library		
Computer Lab		
Accounts Office		
Controller of Examinations		
Office of the Registrar		
Hostel		
Transportation		
Student Affairs		

Acknowledgement Receipt  
Clearance Form

Student Name: \_\_\_\_\_

Registration No. \_\_\_\_\_

Recipient Name / Designation: \_\_\_\_\_

Recipient Signature: \_\_\_\_\_