



Revised June 2021

CMLS FORM 102: COLLEGIATE STUDENT CLEARANCE

Last Name:		First Name:		M.I.
Section:		Student Number:		
Phone Number:		Email Address:		
Academic Status:		<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	
Last Semester / Academic Year (AY) <input type="checkbox"/> 1 st Sem, AY _____ <input type="checkbox"/> 2 nd Sem, AY _____ <input type="checkbox"/> Summer, AY _____				
Attended:				
FACULTY/ STAFF/ DEPARTMENT HEAD	ACCOUNTABILITY (Amount/Property)	CLEARED BY		DATE SIGNED
Laboratory Technician				
Year Level Chair				
Accounting				
Vice Dean				
Dean				

