STUDENT CLEARANCE

Last Name: First Name: M.I.

Phone Number: Email Address:

Course:
☐ Doctor of Medicine   ☐ BSRT   ☐ BSMLS   Year Level:
☐ BSN   ☐ BSPT   ☐ BSP
☐ Midwifery   ☐ BSOT   ☐ BSB   Student Number:
☐ MAN   ☐ BSSLP   DDM
   DPHS   LHS

Academic Status: ☐ Regular   ☐ Irregular

Last Semester/Academic Year (AY) Attended: ☐ 1st Term, AY _____   ☐ 2nd Term, AY_____   ☐ 3rd Term, AY____   ☐ Mid-Year Term AY_____

Nature of Clearance:
☐ Graduation   Reason:
☐ Leave of Absence
☐ Transfer / Withdrawal
☐ Others (specify):

FACULTY / STAFF / DEPARTMENT HEAD (Write NA if Not Applicable)	ACCOUNTABILITY (Amount / Property)	CLEARED BY	DATE SIGNED
Class Adviser			
College Research Coordinator			
Library Services Director			
Alumni Services & Continuing Professional Education			
LASO - Admission			
LASO - Scholarship			
OSS Dean			
Academic/ Department/ Clinical Chair			
Student Accounts & Cashier Services Head			
Program Director			
Vice Dean			
College Dean			

For The Registrar's use only.

Fully accomplished clearance received by: _____   Date: _____

Remarks: _____

Endorsed:
☐ Valid for any student record application.
☐ Valid for any student record application while LOA is in effect.
☐ May be used for student record applications except TOR.

_____
Records and Evaluation

Cleared:

JOSE ANTONIO P. AMISTAD, MD, FPSA.
Registrar

TR-RES003 s. 2022