ISSUE HISTORY				
Issue No:	**Description of Change**	**Status**	**Originator**	**Effective Date**
1	Initial release	Draft stage	Task force	March 1, 2022

Fill out this clearance form in triplicate (3 copies). The **1st** copy is for the student, **2nd** copy is for the Department, and the **3rd** copy is for Registrar's Office.

1. Procedures

I. Complete part I of this form

II. Obtain all the signatures in part II

III. Return this form to the registrar's office no later than one week after the last date of application. Remember that this form becomes part of your permanent file and record.

Part I

1.1. Full Name: _____ ID No._____

1.2. College: _____ Department: _____

1.3. Class Year:_____ Section_____ Last date class attended: _____

1.4. Reason for Clearance:

A) Graduation ☐

B) End of Semester/Academic Year ☐

C) Withdrawal Personal Reason ☐

D) Withdrawal Academic Reason ☐

E) Forced Withdrawal ☐

F) Dropout ☐

1.5. Date Cleared:_____

APPROVAL:	Name:	Signature:	Date

Part II

S/No.	Offices	Name (Official Titer)	Signature	Date
2.1	Department Head			
2.2	Chief Librarian			
2.3	Dormitory Officers (Proctor)			
2.4	Dining Office (Students' Cafeteria)			
2.5	Sport & Clubs Office			
2.6	Dean of student service			
2.7	Cost Sharing Office			
2.8	Registrar			

Applicant's Signature: _____ Date of Application: _____

FOR OFFICE USE ONLY

Approved by:

Office Personnel's Name: _____ Signature:_____

Date: _____

NB: -The student is required to apply, in order to be considered for re-admission

-The University has the right to accept or reject an application of a student for re-admission.

APPROVAL:	Name:	Signature:	Date