

	Organization Name: አዲስ አበባ ሳይንስና ቴክኖሎጂ ዩኒቨርሲቲ ADDIS ABABA SCIENCE AND TECHNOLOGY UNIVERSITY	Document No.: VPAA/REG/OF/009	
	Title: CLEARANCE FORM REGULAR POSTGRADUATE PROGRAM	Issue No.: 1	Page No.: Page 1 of 2

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 of Cleared: _____

APPROVAL:	Name:	Signature:	Date
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PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE

	Organization Name: አዲስ አበባ ሳይንስና ቴክኖሎጂ ዩኒቨርሲቲ ADDIS ABABA SCIENCE AND TECHNOLOGY UNIVERSITY		Document No.: VPAA/REG/OF/009	
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Part II

S/No.	Offices	Name	Signature	Date
2.1	Department Head			
2.2	Chief Librarian			
2.3	Dormitory Proctor			
2.4	Finance Directorate			
2.5	College Admin			
2.6	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
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