



## GRADUATION CLEARANCE

### ALUMNA INFORMATION

ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Program Type:  Undergraduate  Graduate Major: \_\_\_\_\_

Graduation Semester:  1st  2nd  Summer Year: 20\_\_\_\_ - 20\_\_\_\_

Mobile#: \_\_\_\_\_ Email: \_\_\_\_\_

### DEPARTMENT CLEARANCE

ADMINISTRATIVE DEPARTMENT	NAME	SIGNATURE	DATE
Registration Office (Locker Key)			
Admission Office (ID Card)			
Storekeeper (Gown)			
IT Department			
Library			
Alumni Office			
Social Responsibility Unit			
Department Chair			
Accounting Department			

I, \_\_\_\_\_, registered in the University with ID#: \_\_\_\_\_,

confirm receiving the following from Registration Office:

- Original Graduation Certificate
- Official Transcript (1 copy)
- Original High School Certificate (for Bachelor students ONLY)

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

### REGISTRATION OFFICE COMMENT

Registration Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_