

CLEARANCE PROCEDURE FOR COMPLETION (RPG)

Section I: To be filled by Student

| | | |
|--|-----------------------|--------------------|
| Student No.: _____ | Student Name: _____ | Gender: _____ |
| Programme: _____ | Faculty/School: _____ | Contact No.: _____ |
| Expected Departure Date(Day/Month/Year): _____ | | |
| Student's Signature: _____ | Date: _____ | |

Section II: To be reviewed by related Office or Units

The above named is completing their studies with the University. This is to request you (on behalf of your Department/Faculty) to certify their clearance, ensuring the return of all University property or the completion of their research programme. Please certify the student's clearance with your signature.

| Office/ Unit in-Charge | Items for Clearance | Comments & Signature of Staff in-Charge |
|-------------------------------|---|--|
| (1) Learning Resources Center | Return of Books borrowed | |
| (2) Finance Office | Outstanding Accounts | |
| (3) Principal Supervisor | Endorsed? | |
| | Living Stipend Issue End by(Month/Year): | |
| (4) Department Office | Endorsed? File Cleared? | |
| (5) Faculty Office | Endorsed? File Cleared? | |
| (6) Graduate School | * Student ID Card Returned? | |
| | Student Office Cleared, including personal data in Computer (if applicable) | Venue: Seat No.: Computer Device No: |

Section III: For Graduate School Use Only

Checked by: _____ Approved by: _____ Date: _____
Graduate School

Please turn over for further information and/or action.

March 2025

*The student must sign the declaration below if the Student ID Card is lost.

DECLARATION

I, _____, hereby declare that I have lost my Student ID Card. I will bear full responsibility for any illegal use of the said document(s).

Signature: _____

Date: _____