To be filled up by student:

Name: ________________________________   Field of Study: ____________________________   ID Number: ___________________

Please obtain clearance from the following units:

**School:**

Advisor ____________________________________________

Laboratory Supervisor ________________________________

Field of Study Coordinator ____________________________

**Library:**

__________________________________________

**Student Accommodation Office:**

(Note: Since you are a continuing student, you may retain your room. However, you are advised to settle all your bills before you continue to the doctoral program.)

Room no.______________ Room keys returned on (date): ____________

Room keys deposit: ______________

Rental: ________________________________ ERP# ____________ Date: ____________

Electricity: ____________________________ ERP# ____________ Date: ____________

Service charge: ________________________ ERP# ____________ Date: ____________

UIA: __________________________________ ERP# ____________ Date: ____________

**Finance Department:**

Sr. Accountant ____________________________________

Head, Finance ____________________________________

Signature of Student _____________________________ Date: ____________

Registry Staff In-charge __________________________ Date: ____________

Note to students:

Please submit this completed clearance form to the Registry Office immediately. Your Master academic records will not be released without the submission of this clearance form.

Revised: 26 November 2015