

OFFICE OF THE UNIVERSITY REGISTRAR

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CLEARANCE

	CT	

A student who is graduating, transferring, leaving the University or applying for employment is required to accomplish this clearance form in six (6) copies.

Student Number L	ast Name	First Name	Middle Name	Course and Year
20-L-00387 - QU	IROL	KEN ALPHONSE BRIAN	MORFE	BJBiotech -2
Home Address Telephone Number Cellphone Number Number of Semester in V Date Admitted in VSU	0995 334	2290 Last term enrol	[] Graduating [/] led in VSU:2rd_scmcrts	
The University Presider	nt		Date: 4/27/3	22
Visayas State University Visca, Baybay City, Leyte				
Sir:				-16-18/41
administrative/disciplinar	y cases to this Ur	d out and settle all my academic niversity.	KEN ALPHONTE BRIAN MUR	
	Academic Advise	r	Signature of Studer	
	nted Name		orgination of Otologic	
[] Graduating(Specify decourse)	tudents [REASONS FOR CLEARING I Financial difficulty] Low academic grades] Poor/Failing health Find academic work difficult	[] Accepting an ou	
WE CERTIFY TH	HAT this student i	is cleared of academic, moneta	ry, property and administrat	tive/disciplinary
1. W/M MAYM. RA		KEN ALPHONSE CICIAN M. G. YICENTE A. GILOC Chief Librarian	7. MANOW P	
2. MA. THERESA P. College Dear (for Undergraduate Stud	n 5	OUTEN TVER Y. ATUPAN Cashier	_	E-TUUN President
3. N/A Graduate School D (for Graduate Student	Dean	University Registrar	<u> </u>	
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