

OFFICE OF THE UNIVERSITY REGISTRAR

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CLEARANCE

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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	Last Name		First Name	Middle	e Name	Course and Year	
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Home Address Telephone Nur Cellphone Nur Number of Ser Date Admitted	mber : <u>u tuphon on</u> nber : <u>b 9 (5 9 6 6 6</u> nester in VSU: <u>\$</u>	regais@o		√ Gr] Not Graduating	
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ELIPABETH S. DUEVEDO			Outen 9,	Outen 9,00%			
Signature of Academic Adviser Over Printed Name			Signat	Signature of Student			
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	S. GUEVEDO artment Head	4.	VICENTE A. GILOS Chief Librarian	7.		B. LORETO of Students	
	ESA P. LORETO ollege Dean raduate Students only)	5. Fg	QUEEN-EVER Y. ATUP. Cashier	AN & 8.		DO E. TULIN ty President	
	re School Dean	6. <u>M</u>	ARWEN A. CASTAÑED University Registrar	A			

Distribution of copies: 1-Registrar, 1-Student, 1-Dean of Students, 2-Cashier, 1-College Dean

Vision: Mission: A globally competitive university for science, technology, and environmental conservation. Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment. Page 1 of 1 FM-REG-17 v1 06-30-2020

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