



UNIVERSITY CLEARANCE FORM

STUDENT INSTRUCTION:

- Please have this form signed by the designated departments and submit to Academic Office.
- Your Certificates and Full Transcripts will not be released without this Clearance Form.

STUDENT INFORMATION

Name : _____

I/D No. : _____ NRIC No. / Passport No. : _____

Intake : _____ Mobile No. : _____ Semester/Year of Graduation : _____

Email : _____ Programme : _____

Student's signature

Date

CLEARANCE DEPARTMENT	PARTICULARS	AUTHORIZATION (Signature, Stamp, Date)
LIBRARY	Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Remarks : _____ _____ _____	
STUDENT AFFAIRS-ALUMNI (to fill up tracers study)	Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Remarks : _____ _____ _____	
INTERNATIONAL STUDENT OFFICE (*if foreign student)	Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Remarks : _____ _____ _____	
FINANCE	Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Remarks : _____ _____ _____ _____	

ACADEMIC OFFICE	Graduation Status :				
	Graduated :	Pending		<input type="checkbox"/>	
		Not Complete		<input type="checkbox"/>	
		Approval		<input type="checkbox"/>	
	Returning of Robe :			Pending	<input type="checkbox"/>
		Not Complete		<input type="checkbox"/>	
	Approval	<input type="checkbox"/>			
Other request to hold certificate :		Yes		<input type="checkbox"/>	
	No	<input type="checkbox"/>			
Repeal Matrix Card		Complete		<input type="checkbox"/>	
	Not Complete	<input type="checkbox"/>			
Remarks :				OFFICER ACADEMIC	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>					
FINAL CLEARANCE:			VICE PRESIDENT ACADEMIC		
Approved to release Certificate		<input type="checkbox"/>			
Approved to release Full Transcript/ Partial Transcript		<input type="checkbox"/>			
Not Approved		<input type="checkbox"/>			