

**CENTRO ESCOLAR UNIVERSITY**

Manila \* Makati \* Malolos

**EXIT CLEARANCE**

NAME: Last Name		First Name	Middle Name	Signature:	Date Requested:
School	Student No:		Email Add.:	Contact No.:	Due Date:
Course / Degree			Year Graduated / Year Level:		

TO BE SIGNED BY

RECOMMENDED FOR CLEARANCE	.....	_____ Dean/Program Head
ACCOUNTING DEPT./SECTION	.....	_____ Accountant in-charge
APPROVED AND CLEARED BY	.....	_____ University Registrar/Registrar

Remarks:

Copy to: **OUR/Registrar, Student**

ROF 033

Rev 1