*Instructions:*

1. *Fill up this form completely and accurately. Print or type the information requested.*
2. *Students can only take the examination once all school authority indicated has signed this clearance form..*

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| **LAST NAME** | | | | **FIRST NAME** | | | | **MIDDLE NAME** | | | **SUFFIX (If Any)** |
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| **PROGRAM:** |  | | | | | | | MAJOR |  | | |
| MINOR |  | | |
| **SEMESTER** |  | | | | | **SCHOOL YEAR** | | |  | | |
| **\_\_\_ COMPREHENSIVE EXAM** | | | **\_\_\_ QUALIFYING EXAM** | | | **\_\_\_ PROPOSAL DEFENSE** | | | **\_\_\_ FINAL DEFENSE** | | |
| **C L E A R A N C E** | | | | | | | **RECOMMENDATIONS** | | | | |
| **LIBRARIAN** | | **REGISTRAR** | | | **CASHIER** | | **PROGRAM CHAIR** | | | **DEAN** | |
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| *Remarks:* | | *Remarks:* | | | *Remarks:* | | *Remarks:* | | | *Remarks:* | |
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**SIGNATURE OVER PRINTED NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_**

**DMMMSU-CGS-F006**

**Rev. No. 00(07.15.2020)**

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***STUDENT COPY***

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