

## Graduation Clearance Form

Student Name : _____ Academic Program: <input type="checkbox"/> Information Systems & Technology <input type="checkbox"/> Business Management Telephone No : _____ Admission Year : <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____	K-TECH ID: _____ Major: <input type="checkbox"/> NSAS <input type="checkbox"/> NDA <input type="checkbox"/> SAP <input type="checkbox"/> WAP <input type="checkbox"/> MIS <input type="checkbox"/> S&M <input type="checkbox"/> E-Com Sponsor: <input type="checkbox"/> PUC <input type="checkbox"/> Private <input type="checkbox"/> Other Graduation Year : <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____
Student's Signature: _____	Date: _____

	Signature	Date	Comments
1. Library	_____	_____	_____
2. Technical Support Department	_____	_____	_____
3. Accounting Department	_____	_____	_____
4. Vice President for Student Affairs	_____	_____	_____

  

<b>Processed By</b> Name: _____ Signature: _____ Date: _____	<b>Head of Admission &amp; Registration</b> Signature: _____ Date: _____
---	--