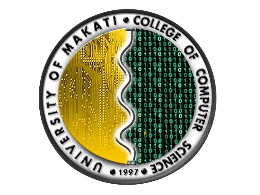
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University of Makati

College of Computer Science

🕿 Tel. No. 883-1864 | 3/F Administration Building, J.P. Rizal Ext, West Rembo, Makati City

**CLEARANCE FORM**

**CCSFRM – CF1**

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1. **PERSONAL INFORMATION (Please write in PRINT)**

|  |  |
| --- | --- |
| *Student Name (Surname, Given Name MI.)*  Romero, Nichole John T. | *Student ID No.*  K1124075 |
| *Program/Degree*  BS Computer Science Major in Application Development | *Year/Section (in major subject)*  II - BCSAD |
| *Other duties and involvement*  [ ] ComSoc Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] SSG-CCS Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Email Address* |
| *Clearance for:*  [ ] End of Semester [ ] Leave of Absence (LOA) [ ] Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Graduation [ ] Transfer Credentials/Withdraw | Term: [ ] 1st [ ] 2nd  A.Y. : 2015 - 2016 |

1. **DECLARATION**

|  |
| --- |
| I understand that I have to complete all parts of this form by the stipulated deadline in order for me to enroll, transfer, request good moral certificate, secure endorsement/recommendation and/or attend graduation ceremony.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Signature Date |

1. **CLEARANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| *Please seek clearance from the following person/office before submitting this to College of Computer Science – Deans Office. Complete the first 5 items before proceeding to the Dept. Heads and College Secretary/Dean.* | | | |
| **Particulars** | **Authorized Signatories Name** | **Signature** | **Date/Time** |
| Class President/Treasurer |  |  |  |
| Class Adviser |  |  |  |
| Instructional Media Center |  |  |  |
| CESCA (for SSG-CCS Officers only) |  |  |  |
| ComSoc Adviser (for ComSoc Officers only) |  |  |  |
| Chair, Hardware Department (for BSCNA students) |  |  |  |
| Chair, Software Department (for ApDev, ITSM students) |  |  |  |

1. **RECOMMENDATION**

|  |
| --- |
| The above mentioned student is hereby cleared from all liabilities, financial obligations and other requirements.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College Secretary/Dean Date |

***NOTE:***

*Accomplish 2 sets of this Form. (1) Personal Copy (2) Office Copy*

*Keep this for your future reference since this will be used for other transactions in the University.*