



University of Southeastern Philippines
UNIVERSITY ADVANCED STUDIES
Graduate School of Arts and Sciences (GSAS)

CLEARANCE

To Whom It May Concern:

This is to certify that _____, a student of _____
is cleared of all obligations such as books, money, etc. as of _____.

Librarian

Local Council

Bookkeeper

Registrar

Program Head

Head, GSAS

DR. ANA P. OCENAR
Dean

Request Slip
(PLEASE PRINT ALL INFORMATION CORRECTLY)

Last Name	First Name	M.I.	Civil Status
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Sem / SY Admitted	Mailing Address	Course
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Request for: (PLEASE CHECK)

_____ Transcript of Records	Purpose: _____
_____ Certification	Purpose: _____
_____ Honorable Dismissal	
_____ Diploma	
_____ Evaluation	
_____ Others: Specify: _____	

Date Filed	Received by:	Due Date
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