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| UNIVERSITY OF THE PHILIPPINES MANILA  UP FORM # 421  *The Health Sciences Center*  OFFICE OF THE UNIVERSITY REGISTRAR  Padre Faura Street, Manila | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UNIVERSITY STUDENT CLEARANCE**  **Print legibly.**  **Process in sequential order.**  **Please accomplish in duplicate** | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | |  | | | | | | | | |  | | |  | | |
| DATE | | *SURNAME* | | | | | | | | | *FIRST NAME* | | | | | | | | | *MIDDLE NAME* | | | *MAIDEN NAME* | | |
| STUDENT NUMBER | | |  |  |  |  | | - |  | | |  | |  |  | |  | COLLEGE | |  | DEGREE | B/BA/BS | |  | |
| PURPOSE |  | | | | | | | | | | | | | | | | |  | M/MA/MS | |  | |
|  | PhD/DrPH | |  | |
|  | | | | | | | TERM | | | | | | | | | | | | | ACADEMIC YEAR | | | | | |
| First Enrollment in the University | | | | | | |  | | | FS | | |  | | | SS | |  | MID |  | | | | | |
| Last Enrollment in the University | | | | | | |  | | | FS | | |  | | | SS | |  | MID |  | | | | | |
| 1. COLLEGE   College Clearance Accomplished | | | | | | | | | | | | | | | | | | | 1. OFFICE OF ANTI-SEXUAL HARASSMENT (OASH)   No Obligation | | | | | | |
| DEAN | | | | | | | | | | | | Date | | | | | | | COORDINATOR | | | | | | Date |
| 1. OFFICE OF STUDENT AFFAIRS   No Obligation   * 1. Pending Case \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   2. Student Loan   O.R. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | 1. UPM HEALTH SERVICE   No Obligation | | | | | | |
| DIRECTOR | | | | | | Date |
| 1. ACCOUNTING OFFICE   No Obligation | | | | | | |
| DIRECTOR | | | | | | | | | | | | Date | | | | | | |
| 1. LEARNING RESOURCE CENTER (for undergraduate)   No Obligation | | | | | | | | | | | | | | | | | | |
| CHIEF ACCOUNTANT | | | | | | Date |
| 1. OFFICE OF THE UNIVERSITY REGISTRAR    1. Entrance Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    2. Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_ O.R. \_\_\_\_\_\_\_\_\_\_    3. Underassessment \_\_\_\_\_ O.R. \_\_\_\_\_\_\_\_\_\_    4. Graduation Fee \_\_\_\_\_\_\_ O.R. \_\_\_\_\_\_\_\_\_\_ | | | | | | |
| DIRECTOR | | | | | | | | | | | | Date | | | | | | |
| 1. UNIVERSITY LIBRARIAN   No Obligation | | | | | | | | | | | | | | | | | | |
| UNIVERSITY LIBRARIAN | | | | | | | | | | | | Date | | | | | | | UNIVERSITY REGISTRAR | | | | | | Date |
| **NOTE: Always present your copy of this clearance when requesting for Transcript of Records and Honorable Dismissal.** | | | | | | | | | | | | | | | | | | | | | | | | | |