



UNIVERSITY OF THE PHILIPPINES MANILA
The Health Sciences Center
OFFICE OF THE UNIVERSITY REGISTRAR
 Padre Faura Street, Manila

UP FORM # 421

UNIVERSITY STUDENT CLEARANCE

Please accomplish in duplicate
Process in sequential order.
Print legibly.

DATE	SURNAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
STUDENT NUMBER				
PURPOSE		COLLEGE	DEGREE	B/BA/BS 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 <input type="checkbox"/> College Clearance Accomplished	5. OFFICE OF ANTI-SEXUAL HARASSMENT (OASH) <input type="checkbox"/> No Obligation
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DEAN	Date	COORDINATOR	Date
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2. OFFICE OF STUDENT AFFAIRS <input type="checkbox"/> No Obligation 2.1. Pending Case _____ 2.2. Student Loan O.R. No. _____ Date: _____	6. UPM HEALTH SERVICE <input type="checkbox"/> No Obligation
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DIRECTOR	Date	DIRECTOR	Date
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3. LEARNING RESOURCE CENTER (for undergraduate) <input type="checkbox"/> No Obligation	7. ACCOUNTING OFFICE <input type="checkbox"/> No Obligation
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DIRECTOR	Date	CHIEF ACCOUNTANT	Date
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4. UNIVERSITY LIBRARIAN <input type="checkbox"/> No Obligation	8. OFFICE OF THE UNIVERSITY REGISTRAR 8.1. Entrance Credentials _____ 8.2. Deposit _____ O.R. _____ 8.3. Underassessment _____ O.R. _____ 8.4. Graduation Fee _____ O.R. _____
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UNIVERSITY LIBRARIAN	Date	UNIVERSITY REGISTRAR	Date
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NOTE: Always present your copy of this clearance when requesting for Transcript of Records and Honorable Dismissal.