SAMARA UNIVERSITY
Office of the Registrar
Clearance Form for Regular Program

For: Withdrawal ☐ ID replacement ☐ End of academic Year ☐ (mark (☐) in one)

Purpose:

Only with the proper termination below can all transcripts/diplomas, recommendations, letter of enrollment or Honorable dismissal be issued. Readmission to the institute will be considered if proper terminations are certificated by the Registrar's office.

Procedures:

1. Complete the first part of this form
2. Obtain the signature in part II consecutively. Leave out 2.10 except in ID replacement
3. Return this form to the registrar's office not later than weeks after your instructors have reported your absence from class. This form becomes part of your permanent file and record.

Part 1

1.1 Full Name: _____ ID.No _____

(PLEASE PRINT IN BLOCK LETTERS)

1.2 College _____Department: _____ Class Year _____

1.3 Program: Diploma ◯ Degree ◯

1.4 Reasons for Clearance_____

_____

1.5 Last date class attend: AC.Year_____ Semester_____ Date_____

Part 2

	Full Name	***Signature***
2.1 **Department Head**	_____	_____
2.2. Library: Chief of Circulation	_____	_____
2.3. **The Institute Bookstore Keeper**: (For return of textbooks and other equipment issued by the Bookstore)	_____	_____
2.4. **Sport' master**	_____	_____
2.5**. Student Cafeteria**	_____	_____
2.6. **Student Business Affairs/Proctor**	_____	_____
2.7. **Dean of Students**	_____	_____
2.8. **Financial Information**	_____	_____
2.9. **College Dean** (Only for withdrawal)	_____	_____
2.10. **Campus Police (for Id replacement**)	_____	_____
2.11**. Registrar: (for return of Id.card/cross-check ID.No)**		

Date _____

1 After approval copy each to: The Registrar's Office, department & Applicant

SAMARA UNIVERSITY
Office of the Registrar
Clearance Form for Extension Program

For: Withdrawal ☐ ID replacement ☐ End of academic Year ☐ (mark (☐) in one)

Purpose:

Only with the proper termination below can all transcripts/diplomas, recommendations, letter of enrollment or Honorable dismissal be issued. Readmission to the institute will be considered if proper terminations are certificated by the Registrar's office.

Procedures:

4. Complete the first part of this form
5. Obtain the signature in part II consecutively. Leave out 2.10 except in ID replacement
6. Return this form to the registrar's office not later than weeks after your instructors have reported your absence from class. This form becomes part of your permanent file and record.

Part 1

1.1 Full Name: _____ ID.No _____

(PLEASE PRINT IN BLOCK LETTERS)

1.2 College _____Department:_____ Class Year _____

1.3 Program: Diploma ◯ Degree ◯

1.4 Reasons for Clearance_____

_____

1.5 Last date class attend: AC.Year_____ Semester_____ Date_____

Part 2

	Full Name	*Signature*
2.1 **Department Head**	_____	_____
2.2. Library: Chief of Circulation	_____	_____
2.3. **The Institute Bookstore Keeper**: (For return of textbooks and other equipment issued by the Bookstore)	_____	_____
2.4. **Financial Information**	_____	_____
2.5. **College Dean** (Only for withdrawal)	_____	_____
2.6. **Campus Police (for Id replacement**)	_____	_____
2.7**. Registrar: (for return of Id.card/cross-check ID.No)**		

Date _____

1 After approval copy each to: The Registrar's Office, department & Applicant

SAMARA UNIVERSITY
Office of the Registrar
Clearance Form for PG Program

For: Withdrawal ☐ ID replacement ☐ End of academic Year ☐ (mark (☐) in one)

Purpose:

Only with the proper termination below can all transcripts/diplomas, recommendations, letter of enrollment or Honorable dismissal be issued. Readmission to the institute will be considered if proper terminations are certificated by the Registrar's office.

Procedures:

7. Complete the first part of this form
8. Obtain the signature in part II consecutively. Leave out 2.10 except in ID replacement
9. Return this form to the registrar's office not later than weeks after your instructors have reported your absence from class. This form becomes part of your permanent file and record.

Part 1

1.6 Full Name: _____ ID.No _____

(PLEASE PRINT IN BLOCK LETTERS)

1.7 College _____Department: _____ Class Year _____

1.8 Reasons for Clearance_____

_____

1.9 Last date class attend: AC.Year _____ Semester_____ Date_____

Part 2

	Full Name	***Signature***
2.1 **Department Head**	_____	_____
2.2. Library: Chief of Circulation	_____	_____
2.3. **The Institute Bookstore Keeper**: (For return of textbooks and other equipment issued by the Bookstore)	_____	_____
2.4. **Financial Information**	_____	_____
2.5. **College Dean** (Only for withdrawal)	_____	_____
2.6. **Campus Police (for Id replacement**)	_____	_____
2.7**. Registrar: (for return of Id.card/cross-check ID.No)**		

Date _____

1 After approval copy each to: The Registrar's Office, department & Applicant

SAMARA UNIVERSITY
Office of the Registrar
Clearance Form for Summer Program

For: Withdrawal ☐ ID replacement ☐ End of academic Year ☐ (mark (☐) in one)

Purpose:

Only with the proper termination below can all transcripts/diplomas, recommendations, letter of enrollment or Honorable dismissal be issued. Readmission to the institute will be considered if proper terminations are certificated by the Registrar's office.

Procedures:

10. Complete the first part of this form
11. Obtain the signature in part II consecutively. Leave out 2.10 except in ID replacement
12. Return this form to the registrar's office not later than weeks after your instructors have reported your absence from class. This form becomes part of your permanent file and record.

Part 1

1.10 Full Name: _____ ID.No _____

(PLEASE PRINT IN BLOCK LETTERS)

1.11 College _____Department: _____ Class Year _____

1.12 Program: Diploma ◯ Degree ◯

1.13 Reasons for clearance_____

_____

1.14 Last date class attend:

AC.Year_____Semester_____Date_____

Part 2

	Full Name	***Signature***
2.1 **Department Head**	_____	_____
2.2. Library: Chief of Circulation	_____	_____
2.3. **The Institute Bookstore Keeper**: (For return of textbooks and other equipment issued by the Bookstore)	_____	_____
2.4. **Sport' master**	_____	_____
2.5**. Student Cafeteria**	_____	_____
2.6. **Student Business Affairs/Proctor**	_____	_____
2.7. **Dean of Students**	_____	_____
2.8. **College Dean** (Only for withdrawal)	_____	_____
2.9. **Campus Police (for Id replacement**)	_____	_____
2.10**. Registrar:** **(for return of Id.card/cross-check ID.No)**		

Date _____

1 After approval copy each to: The Registrar's Office, department & Applicant