



ACT American College of Technology

Registrar Office

Clearance Form Graduate Program

(Fill in triplicate)¹

For: **Withdrawal** **ID replacement** **End of Academic Year** (mark (✓) in one)

Purpose:

Only with the proper termination below can all transcripts/diplomas, recommendations, letters of enrolment or honorable dismissal be issued. Readmission to the institute will be considered if proper termination is certified by the Student Service Center Office.

Procedures:

1. Complete the first part of this form.
2. Obtain the signatures in part II consecutively.
3. Return this form to the Student Service Center Office not later than two weeks after your instructors have reported your absence from class. This form becomes part of your permanent file and record.

Part I

1.1. Full Name: _____ ID. No. _____
(PLEASE PRINT IN BLOCK LETTERS)

1.2. College/Department: _____ Class Year _____

1.3. Enrollment: Regular Fulltime Regular Part-time In-service

1.4. Reason for withdrawal: _____

1.5. Last date class attended: Ac. Year _____ Semester: _____ Date: _____

Part II

	<u>Full Names</u>	<u>Signature</u>
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. Academic/Faculty Dean	_____	_____
2.6. Dean SGS	_____	_____
2.7. Campus Police (only for ID replacement)	_____	_____
2.8. Student Service Center	_____	_____
(For return of ID. Card /cross-check ID. No)		

Date Received _____

1st copy – Registrar Office

2nd -Student

3rd – Department
