
	Republic of the Philippines BULACAN AGRICULTURAL STATE COLLEGE Pinaod, San Ildefonso, Bulacan 3010	Document No.: QRDI-COP-REGR04-006
		Rev. No.: 00
	GRADUATES STUDENT CLEARANCE FORM	Effectivity Date: 07.08.2021

Name: _____ Student ID No.: _____ Course & Year Level : _____

Applicable Semester/Summer & Academic Year : _____

	Name	Signature	Date	Purpose: (Please check) <input type="checkbox"/> Final Examination <input type="checkbox"/> Enrolment <input type="checkbox"/> Transferring <input type="checkbox"/> Transcript of Records Others: _____ _____ _____
1. Adviser	_____	_____	_____	
2. Institute Dean	_____	_____	_____	
3. Library	_____	_____	_____	
4. Accounting	_____	_____	_____	
5. Registrar	_____	_____	_____	


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