



Republic of the Philippines  
**BULACAN AGRICULTURAL STATE COLLEGE**  
Pinaod, San Ildefonso, Bulacan 3010

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**STUDENT CLEARANCE FORM**

Effectivity Date:

Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_ Course & Year Level : \_\_\_\_\_

Applicable Semester/Summer & Academic Year : \_\_\_\_\_

	Name	Signature	Date
1. Adviser	_____	_____	_____
2. Institute Dean	_____	_____	_____
3. FSSC	_____	_____	_____
4. Library	_____	_____	_____
5. Accounting	_____	_____	_____
6. Dir. for OSA	_____	_____	_____
7. Registrar	_____	_____	_____

**Purpose:**

(Please check)

\_\_\_\_\_ Final Examination

\_\_\_\_\_ Enrolment

\_\_\_\_\_ Transferring

\_\_\_\_\_ Transcript of  
Records

Others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_