



DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE
The Registrar
Records and Evaluation
City of Dasmariñas, Cavite, Philippines
(046) 481-8000 / (02) 8988-3100, loc. 1461
registrar@dlsmhsi.edu.ph

INSTITUTIONAL STUDENT CLEARANCE

Last Name: _____		First Name: _____		M.I.: _____	
Phone Number: _____		Email Address: _____			
Student Number: _____		Course:			
Grade / Year Level: _____		☐ Doctor of Medicine ☐ MAN ☐ MSRT ☐ MPH ☐ DPHS ☐ BSRT ☐ BSNMT ☐ BSP ☐ BSMLS ☐ BSN ☐ BSPT ☐ BSOT ☐ BSSLP ☐ DDM ☐ BSB ☐ BSBT ☐ BSLHS ☐ Midwifery ☐ SHS			
Academic Status:		☐ Regular ☐ Irregular			
Last Term /Academic Year (AY) Attended:		☐ 1 st Term, AY _____ ☐ 3 rd Term, AY _____ ☐ 2 nd Term, AY _____ ☐ Mid Year Term, AY _____			
Nature of Clearance:		☐ Graduation ☐ Leave of Absence ☐ Transfer/Withdrawal ☐ Other (specify): _____			
Reason: _____					

FACULTY / STAFF / DEPARTMENT HEAD (Write NA if Not Applicable)	ACCOUNTABILITY (Amount / Property)	CLEARED BY	DATE SIGNED
Class Adviser			
College Research Coordinator			
Romeo P. Ariniego, MD, AFSC Library			
Alumni Center for Engagement and Services (ACES)			
Center for Lasallian Admission, Scholarship and Testing (CLAST)			
Student Life and Engagement (SLE)			
Academic/ Department/ Clinical Chair			
Accounting Department - School Receivables			
Academic / Program Director			
Vice Dean			
Director / College Dean			

For The Registrar's use only.	
Fully accomplished clearance received by: _____ Date: _____ Records Evaluator	
Remarks: _____	
Endorsed: ☐ Valid for any student record application. ☐ Valid for any student record application while LOA is in effect. ☐ May be used for student record applications except TOR. CHRYSTAL HOPE B. CENIZA Records and Evaluation	Cleared: JEFFREY O. AUSTRIA Registrar