

**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@dsmsi.edu.ph

STUDENT CLEARANCE

(Special Health Sciences Senior High School)

Last Name:	First Name:	M.I:
Phone Number:	Email Address:	
Student Number: _____	Grade Level: ☐ Grade 11 ☐ Grade 12	
Academic Status:	☐ Regular ☐ Irregular	
Last Term /Academic Year (AY) Attended:	☐ 1 st Term, AY _____ ☐ 2 nd Term, AY _____ ☐ Mid Year Term, AY _____	
Nature of Clearance: ☐ Moving Up ☐ 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			
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)			
Accounting Department - School Receivables			
Academic Coordinator			
Director			

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