



STUDENT CLEARANCE (SHSSHS)

Last Name:	First Name:	M.I.
Phone Number:	Email Address:	
Special Health Sciences Senior High School	Grade Level:	
	Student Number:	
Academic Status:	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular
Last Semester/Academic Year (AY) Attended:	<input type="checkbox"/> 1 st Term, AY _____	<input type="checkbox"/> 2 nd Term, AY _____ <input type="checkbox"/> Mid-Year Term AY _____
Nature of Clearance:	Reason:	
<input type="checkbox"/> Moving Up <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Transfer / Withdrawal <input type="checkbox"/> Others (specify):		

FACULTY / STAFF / DEPARTMENT HEAD (Write NA if Not Applicable)	ACCOUNTABILITY (Amount / Property)	CLEARED BY	DATE SIGNED
Class Adviser			
Library Services Director			
Alumni Services & Continuing Professional Education			
LASO - Admission			
LASO - Scholarship			
OSS Dean			
Student Accounts & Cashier Services Head			
Academic Coordinator			
Director			

For The Registrar's use only.	
Fully accomplished clearance received by: _____ Date: _____	
Remarks: _____	
Endorsed: <input type="checkbox"/> Valid for any student record application. <input type="checkbox"/> Valid for any student record application while LOA is in effect. <input type="checkbox"/> May be used for student record applications except TOR. _____ Records and Evaluation	Cleared: <p style="text-align: center;">JOSE ANTONIO P. AMISTAD, MD, FPSA Registrar</p>