

CLEARANCE FORM

This form shall be completed and submitted to the Office of the Registrar when a student intends to withdraw completely or graduate from FCHS

* <u>To be completed by the Student:</u>

Student Name		Program					
ID		Academic Year/Semester					
Contact No.		Campus	Abu Dhabi 🔜 Al Ain 📃	Ajman 🔜 Al Dhafra 📃			
Sponsor: Yes No (If yes, provide the final clearance from Sponsor) Date:							
Reason of completing clearance form: Graduation Other :							
PARENT/GARDIAN SIGNATURE STUDENT SIGNATURE							

* <u>To be completed by the College Departments:</u>

This is to certify that Mr./Ms._____ has cleared all his/her dues and records with the following Departments:

Sr.	Item/Name of Department	Name of the Official	Date	Remark	Signature
1	Locker Key (Facilities Management)				
2	Student ID Card (Student Services)				
3	Library				
4	Information Technology (IT)				
5	Finance (Student Services)				
6	Exit Graduation Survey (Student Services)				
7	Visa for International Students (Public Relations)				
8	Volunteering Hours (hrs.) (Student Services)				
9	Pre-Employment Workshop (Student Services)				
10	Graduate Contact Form (Student Services)				
11	CV (Student Services)				

* Official Use – Office of the Registrar

Remark: _

Date of Process: _____

Date: ____