UNIVERSITY OF THE PHILIPPINES
OPEN UNIVERSITY
Los Baños 4031, Laguna

FACULTY OF STUDY CLEARANCE

Copy for OUR

PLEASE TYPE OR WRITE BLOCK LETTERS. ALL SECTIONS ARE TO BE COMPLETED

DATE	STUDENT NO.	PROGRAM
LAST NAME	FIRST NAME	MIDDLE NAME

PLEASE TICK THE PURPOSE OF THIS CLEARANCE.

- ☐ For transfer to another UPOU program
- ☐ For withdrawal of enrolment from the program
- ☐ For graduation
- ☐ Other *(please specify)*_____

PLEASE TICK YOUR RESPONSES.

Have you been disqualified from the program? ○ Yes ◉ No

Have you reached the Maximum Residency Rule (MRR) ○ Yes ○ No

Do you intend to submit a Final Report/E-Portfolio/ Bound Thesis ○ Yes ○ No

TITLE OF SPECIAL PROJECT/THESIS/DISSERTATION (Provide information, if applicable).

_____

Faculty-in-charge/Adviser _____ Date of Submission:_____

UPLOAD Identifier: _____

☐ **I confirm the truthfulness of the responses indicated above.**

_____
Applicant's Signature over Printed Name

Recommending Approval/Disapproval

_____
Program Chair

☐ **Approved** ☐ **Disapproved**

_____
Dean

OUR_FSC Revised 3/2021

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