



UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

Los Baños 4031, Laguna

FACULTY OF STUDY CLEARANCE

OUR Copy

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. <input type="checkbox"/> For transfer to another UPOU program <input type="checkbox"/> For withdrawal of enrolment from the program <input type="checkbox"/> For graduation <input type="checkbox"/> Other (please specify) _____ _____	PLEASE TICK YOUR RESPONSES. Have you been disqualified from the program? <input type="radio"/> Yes <input type="radio"/> No Have you reached the Maximum Residency Rule (MRR) <input type="radio"/> Yes <input type="radio"/> No Do you intend to submit a Final Report/E-Portfolio/ Bound Thesis <input type="radio"/> Yes <input type="radio"/> No
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TITLE OF SPECIAL PROJECT/THESIS/DISSERTATION (Provide information, if applicable).

Faculty-in-charge/Adviser _____ Date of Submission: _____
 UPLOAD Identifier: _____
 Please refer to this [link](#) for the uploading procedures.

<input type="checkbox"/> I confirm the truthfulness of the responses indicated above. _____ Applicant's Signature over Printed Name	Recommending Approval/Disapproval _____ Program Chair
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Approved Disapproved

 Dean

OUR_FSC Revised 3/2021



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