UNIVERSITY OF THE PHILIPPINES

OPEN UNIVERSITY

Los Baños 4031, Laguna

FACULTY OF STUDY CLEARANCE

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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: _____

Please refer to this link for the uploading procedures.

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

_____

Applicant's Signature over Printed Name

Recommending Approval/Disapproval

_____

Program Chair

☐ **Approved** ☐ **Disapproved**

_____

Dean

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