

UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

Los Baños 4031, Laguna

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FACULTY OF STUDY CLEARANCE 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.				PLE	ASE TICK YOUR RESPONS	ES.	
For transfer to another UPOU program			Have you been disqualified from the		e program?	O Yes No	
_	For withdrawal of enrolment from the program For graduation			Have	Have you reached the Maximum Residency Rule (MRR)		O Yes O No
Other (please specify)				Do you intend to submit a Fin		port/E-Portfolio/	
			Bound Thesis			O Yes O 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. Recommending							
☐ I co	onfirm the truthfulness of the		Approval/Disapproval				
Applicant's Signature over Printed Name				Program Chair			
☐ Approved			d	☐ Disapproved			
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	Other (please specify)	_			O Yes O No		
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