



**UNIVERSITY OF THE PHILIPPINES  
OPEN UNIVERSITY**  
Los Baños 4031, Laguna  
**PROGRAM CLEARANCE /  
FACULTY OF STUDY CLEARANCE FORM**

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☐ PROGRAM 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. <input type="checkbox"/> To shift 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: \_\_\_\_\_

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

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