

UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

Los Baños 4031, Laguna
PROGRAM CLEARANCE /
FACULTY OF STUDY CLEARANCE FORM

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FACULTY CLEARANCE	
PROGRAM CLEARANCE	

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DATE		STUDENT N	10.		PROGRAM			
LAST NAME	FIRST NAME				MIDDLE NAME			
PLEASE TICK THE PURPOSE OF THIS CLEARANCE.			PLEASE TICK YOUR RESPO	NSES				
To shift to another UPOU progr			Have you been disqualified fron	n the p	orogram?	O Yes	i	No
For withdrawal of enrolment from For graduation	m the program		Have you reached the Maximum Residency Rule (MRR) O Yes O No					
Other (please specify)			Do you intend to submit a Final Report/E-Portfolio/ Bound Thesis O Yes O No					
TITLE OF SPECIAL PROJECT/THESI	S/DISSERTATION	N (Provide info						
Faculty-in-charge/AdviserUPLOAD Identifier:			Date of Submission:_					
Please refer to this link for the uploading	g procedures.							
I confirm the truthfulness of the	responses indica	ated above.	Recommending Approval/Disapproval					
Applicant's Signature	over Printed Name	e		Pro	gram Chair			
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PLEASE TICK THE PURPOSE OF TH	IS CLEARANCE.		PLEASE TICK YOUR RESPONSES.					
☐ To shift to another UPOU program			Have you been disqualified from the program? O Yes O No					
For withdrawal of enrolment from the program			Have you reached the Maximum Residency Rule (MRR) O Yes O No					
For graduation Other (please specify)			Do you intend to submit a Final Report/E-Portfolio/					
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TITLE OF SPECIAL PROJECT/THESI		N (Provide into	rmation, if applicable).					
Faculty-in-charge/Adviser			Date of Submission:					
UPLOAD Identifier:								
I confirm the truthfulness of the		ated above.	Recommending Approval/Disapproval					
Applicant's Signature over Printed Name								
				Program Chair				
☐ Approved ☐ Disapproved								

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