POLYTECHNIC COLLEGE OF THE CITY OF MEYCAUAYAN

Pag-asa Street, Malhacan, City of Meycauayan, Bulacan Tel. No.: (044) 320-5653 / pccm@meycauayan.gov.ph / https://pccm.edu.ph

PCCM ANNEX CAMPUS

Sitio Cabatuhan, Camalig, City of Meycauayan, Bulacan







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Sitio Cabatuhan, Camalig, City of Meycauayan, Bulacan

Leave of Absence

Transfer





STUDENT CLEARANCE FORM

POLYTECHNIC COLLEGE OF THE CITY OF MEYCAUAY Pag-asa Street, Malhacan, City of Meycauayan, Bulacan Tel. No.: (044) 320-5653 / pccm@meycauayan.gov.ph / https://pccm.edu.ph PCCM ANNEX CAMPUS	(AN
PCCM ANNEX CAMPUS Sitio Cabatuhan, Camalig, City of Meycauayan, Bulacan	BAGONG PILIPINAS



STUDENT CLEARANCE FORM (Student's Copy)

Last semester attendance at Policy First Semester Second Sec	CCM: emester Academic Year:
	Course/Year/Section: Date Applied:
Reasons for Student Cleara	ince:
☐ Enrolment ☐ Leave of Absence ☐ Transfer	☐ Employment ☐ Evaluation ☐ Others:

To the student: Respectfully request the following office staff/administrator to affix their signature in the corresponding space below following the sequence as listed (from top to bottom). Provide individual copies of the following clearance form for each (Student's Copy Program's Copy Registrar's

DEPARTMENT	CLEARED BY	DATE SIGNED
	NAME AND SIGNATURE	(mm/dd/yyyy)
Finance		
Property Custodian/ Tools		
Library		
Registrar		
Guidance		
Clinic		
Physical Plant and Facilities Division		
Program Head		
Office of the Student Affairs		
College Dean/ Acting College Administrator		

STUDENT CLEARANCE FORM (Program's Copy)

Last semester attendance First Semester Seco	at PCCM: nd Semester Academic Year:	
Name of Student:		
Student Number:	Course/Year/Section:	
Contact Number:	Date Applied:	
Reasons for Student Cl	earance:	
☐ Enrolment	☐ Employment	

☐ Evaluation

Others:

To the student: Respectfully request the following office staff/administrator to affix their signature in the corresponding space below following the sequence as listed (from top to bottom). Provide individual copies of the following clearance form for each (Student's Copy, Program's Copy, Registrar's

Copy).	CLEARED BY	DATE SIGNED
DEPARTMENT	NAME AND SIGNATURE	(mm/dd/yyyy)
Finance		
Property Custodian/ Tools		
Library		
Registrar		
Guidance		
Clinic		
Physical Plant and Facilities Division		
Program Head		
Office of the Student Affairs		
College Dean/ Acting College Administrator		

(Registrar's Copy)

Last semester attendance at P First Semester Second S	CCM: emester Academic Year:
Name of Student:Student Number:	Course/Year/Section:
Contact Number:	Date Applied:
Reasons for Student Clear	ance:
☐ Enrolment☐ Leave of Absence☐ Transfer	☐ Employment ☐ Evaluation ☐ Others:

To the student: Respectfully request the following office staff/administrator to affix their signature in the corresponding space below following the sequence as listed (from top to bottom). Provide individual copies of the following clearance form for each (Student's Copy, Program's Copy, Registrar's Copy).

CLEARED BY DATE SIGNED DEPARTMENT NAME AND SIGNATURE (mm/dd/yyyy) **Finance** Property Custodian/ Tools Library Registrar Guidance Clinic Physical Plant and **Facilities Division** Program Head Office of the **Student Affairs** College Dean/ Acting College Administrator