



St. Clare College

Office of the Academic Affairs
INSTITUTIONAL STUDENT CLEARANCE
ACCOUNTING

Name: _____ Student No. _____

Semester: 1st 2nd School Year: 2024-2025 Year level: _____

Course: _____

Reason for Clearance: _____

Clearance Signatory

Department	Clearing Officer	Date	Signature
Accounting			

Remarks

With outstanding accounts		
With incomplete documentary Requirements		
Others:		

Student's Signature over Printed Name



THE SCHOOL OF LIFE SKILLS
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