



St. Clare College

Office of the Academic Affairs
**INSTITUTIONAL STUDENT CLEARANCE
FORM A: ACADEMICS**

Program: *Basic Ed.* *SHS* *Tertiary*

Name: _____ Student No. _____

Semester: __ 1st __ 2nd School Year: _____ - _____ Year level: _____

Course: _____

Reason for Clearance: _____

Clearance Signatories

Department	Clearing Officer	Date	Signature
Library			
Center for Guidance Services			
Laboratory			
Office of Student Affairs and Services (OSAS)			
Department Head Principal			

Remarks:

With outstanding accounts			
With incomplete documentary Requirements			
Others:			

Student's Signature over Printed Name



THE SCHOOL OF LIFE SKILLS

St. Clare College

Zabarte Rd., Camarin Caloocan City

Philippines 1400

(02) 82324483 | stclarecollege.edu@gmail.com

stclarecollege.com | stclareonline.com





St. Clare College

Office of the Academic Affairs
INSTITUTIONAL STUDENT CLEARANCE
FORM B: Records & Accounting

Program: Basic Ed. SHS Tertiary

Name: _____ Student No. _____

Semester: __ 1st __ 2nd School Year: _____ - _____ Year level: _____

Course: _____

Reason for Clearance: _____

Clearance Signatories

Department	Clearing Officer	Date	Signature
Records Office			
Accounting Department			
Department Head Principal			

Remarks:

With outstanding accounts			
With incomplete documentary Requirements			
Others:			

Student's Signature over Printed Name



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