

CEBU DOCTORS' UNIVERSITY
SENIOR HIGH SCHOOL
CLEARANCE FORM

Name of Student: _____
(Last Name) (First Name) (Middle Name)

Home Address: _____

Last Curriculum enrolled in (Course & Year): _____

School Year Attended - From :Summer _____ 1st Semester _____ 2nd Semester Year _____
 To :Summer _____ 1st Semester _____ 2nd Semester Year _____

I.D. Number: _____ *(School I.D. to be surrendered at the Registrar's Office)*

Email Address: _____

Signature of Student

FOR SIGNATURES:

Biology Laboratory : _____
 Chemistry Laboratory : _____
 Physics Laboratory : _____
 Computer Laboratory : _____
 Dentistry : _____
 Optometry : _____

This is to certify that the applicant is cleared of financial and property obligations
ADMINISTRATION

LIBRARY _____

SHS ACADEMIC DEPARTMENT CHAIR _____

SAPPRO _____

SHS SALOD CHAIR _____

CDU CASHIER _____

CDUH BUSINESS OFFICE
 (for hospital accounts)

CDU ACCOUNTING OFFICE _____

CDU DORMITORY _____

GUIDANCE SERVICES OFFICE
 (For Exit Interview)

REGISTRAR'S OFFICE RECORDS _____

SHS PRINCIPAL _____

UNIVERSITY REGISTRAR _____

FOR GRADUATING STUDENTS ONLY

YEARBOOK (SAPRO)

ALUMNI AFFAIRS

SUMBIT TO THE REGISTRAR'S OFFICE:

- 2 pieces 2x2 Graduation picture without cap (black and white)
- CDU official Receipt

CEBU DOCTORS' UNIVERSITY

Mandaue City, Cebu

LABORATORY BREAKAGE, DEPOSIT, WITHDRAWAL

Name of Student: _____
(Last Name) (First Name) (Middle Name)

School Year Attended – From: Summer _____ 1st Semester _____ 2nd Semester Year: _____
To : Summer _____ 1st Semester _____ 2nd Semester Year: _____

COMPUTATION

LABORATORY DEPOSITS:

School Year	_____	to	_____	Php	_____
School Year	_____	to	_____	Php	_____
School Year	_____	to	_____	Php	_____
School Year	_____	to	_____	Php	_____
School Year	_____	to	_____	Php	_____
School Year	_____	to	_____	Php	_____
School Year	_____	to	_____	Php	_____
School Year	_____	to	_____	Php	_____
TOTAL	.....			Php	_____

LESS: Breakages and Losses

_____	Php	_____
_____	Php	_____
_____	Php	_____

TOTAL LABORATORY REFUNDABLE TO STUDENT Php _____

CLEARANCE FROM LABORATORY TECHNICIANS

ZOOLOGY DEPARTMENT	.....	_____
BIOLOGY DEPARTMENT,	.....	_____
CHEMISTRY DEPARTMENT	.....	_____
PHYSICS DEPARTMENT	.....	_____
BIOCHEMISTRY	.....	_____
MICROBIO/PARASITOLOGY	.....	_____
PATHOLOGY	.....	_____
ANATOMY DEPARTMENT	.....	_____
HISTOLOGY DEPARTMENT	.....	_____
RADIOLOGIC TECH. DEPT.	.....	_____
MEDICAL TECH. DEPT.	.....	_____
DENTISTRY	.....	_____
OPTOMETRY	.....	_____
PHYSIOLOGY DEPARTMENT	.....	_____
COMPUTER LABORATORY	.....	_____
For ACS/BSCS	.....	_____

APPROVED:

VERIFIED & ASSESSED BY:

SHS PRINCIPAL

ASSESSMENT CLERK