

CEBU DOCTORS' UNIVERSITY

College of _____

APPLICATION FOR CLEARANCE

Check the appropriate box: GRADUATING NON-GRADUATING

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 STUDENT WHO APPLIED FOR
TRANSFER CREDENTIAL PLEASE SUBMIT
THE FOLLOWING:**

FOR SIGNATURES:

- ~~Biology Dept. _____~~
- ~~Chemistry _____~~
- ~~Physics Dept. _____~~
- ~~Zoology Dept. _____~~
- ~~Biochemistry _____~~
- ~~Physiology _____~~
- ~~Micro/Para _____~~
- ~~Pathology _____~~
- ~~Anatomy Dept. _____~~
- ~~Histology _____~~
- ~~Rad.Tech. Dept. _____~~
- ~~Med.Tech. Dept. _____~~
- ~~Dentistry _____~~
- ~~Optometry _____~~
- ~~FOR ACS/BSCS ONLY _____~~

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

LIBRARY	DEPARTMENT CHAIRMAN
STUDENT AFFAIRS OFFICE	CDU DORMITORY
CDU CASHIER	CDUH BUSINESS OFFICE (for hospital accounts)
CDU ACCOUNTING OFFICE	CDU-CDH COUNCIL ON HEALTH RESEARCH & DEVELOPMENT
GUIDANCE COUNSELOR (For Exit Interview)	REGISTRAR'S OFFICE RECORDS
COLLEGE DEAN	UNIVERSITY REGISTRAR

FOR GRADUATING STUDENTS ONLY

YEARBOOK (SAPRO)

ALUMNI AFFAIRS

SUBMIT TO THE REGISTRAR'S OFFICE:

- 2 pieces 2x2 picture white background
(Graduation picture w/ out cap)
- CDU official Receipt