

**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

**CEBU DOCTORS' UNIVERSITY**

Mandaue City, Cebu

LABORATORY BREAKAGE, DEPOSIT, WITHDRAWAL

Name of Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

School Year Attended – From: Summer \_\_\_\_\_ 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester Year: \_\_\_\_\_

To : Summer \_\_\_\_\_ 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> 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:

\_\_\_\_\_  
COLLEGE DEAN

\_\_\_\_\_  
ASSESSMENT CLERK