

REGISTRAR Form 12-A



**CAVITE STATE UNIVERSITY
ROSARIO CAMPUS
Rosario, Cavite**



**GRADUATION CLEARANCE
(DEGREE)**

To Whom It May Concern;

This is to certify that Mr./Ms. _____
(Name) (Course)

(Student No. _____) candidate for Graduation 20_17_, is cleared from any accountability/obligation from my office and is recommended to graduate this May 2017.

1 Registration Adviser

2 Accounting

3 College Librarian

4 Director, Research & Extension

5 Director, External & Business Affairs

6 Director, Instruction

7 Director, Student Affairs

8 Alumni President

9 Registrar

JOSE P. LISAMA
Campus Administrator

Note: Accomplished clearance must be submitted to your respective Registration Adviser.

Student's contact number: _____