

REGISTRAR Form 12-A



**CAVITE STATE UNIVERSITY - CCAT
Rosario, Cavite**

**GRADUATION CLEARANCE
(Non-Degree)**

To Whom It May Concern;

This is to certify that Mr./Ms. _____

(Name)

(Course)

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

1 Registration Adviser

2 Accounting

3 College Librarian

4 Director, Student Affairs

5 Director, Instruction

6 Alumni President

7 Director, External & Business Affairs

8 Registrar

JOSE P. LISAMA, Ed.D
Campus Administrator

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

Student's contact number: _____