

REGISTRAR Form 12-A



**CAVITE STATE UNIVERSITY - CCAT
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_, 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, Research & Extension

5 Director, External & Business Affairs

6 Director, Instruction

7 Director, Student Affairs

8 Alumni President

9 Registrar

JOSE P. LISAMA, Ed.D
Campus Administrator

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

Student's contact number: _____