



COLLEGE CLEARANCE

Name : _____ Purpose:
Student Number : _____ [] Graduation as of _____
Name of Parent/Guardian: _____ [] Leave of Absence
_____ from _____
Permanent Address: _____ to _____
_____ [] Transfer to _____
_____ [] Others (specify) _____

This is to certify that the abovementioned student is cleared of money property and other responsibilities

College of Arts and Sciences, UP Manila

Chair, Dept. of Arts and Communications
Chair, Dept. of Behavioral Sciences
Chair, Dept. of Physical Sciences and Mathematics
Chair, Dept. of Physical Education
Chair, Dept. of Biology
Office for Student Relations
Chair, Dept. of Social Sciences
College Librarian

Dean/College

College of Pharmacy, UP Manila

Department of Pharmacy
Laboratory Technician
Chair
Department of Pharmaceutical Chemistry
Laboratory Technician
Chair
Department of Industrial Pharmacy
Laboratory Technician
Chair
Central Glassware Stockroom
Laboratory Technician
College of Pharmacy Laboratories
Laboratory Manager
Office of Student Affairs
Student Loan Board
College of Pharmacy Library
College Librarian
Student Relations
Student Relations Officer
College of Pharmacy Storeroom
Supply Officer

ASST. PROF. JEAN FLOR C. CASAUAY
Office of the College Secretary

MONET M. LOQUIAS, PhD, MHPed
Office of the Dean