



COLLEGE CLEARANCE

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

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

COLLEGE OF PHARMACY

Department of Clinical, Social and Administrative Pharmacy	Mr. Emmanuel B. Ofredo Laboratory Technician	Asst. Prof. Mac Ardy J. Gloria Chair
Department of Pharmaceutical Chemistry	Mr. Marianito V. Ramos Laboratory Technician	Assoc. Prof. Joanna J. Orejola Chair
Department of Industrial Pharmacy	Mr. Floyd A. Concepcion Laboratory Technician	Asst. Prof. Ethel C. Ladignon Chair
Central Glassware Stockroom	Mr. Norjon P. Orlina Laboratory Technician	
College of Pharmacy Laboratories	Ms. Janet Y. Tolentino Administrative Officer IV	
College of Pharmacy Library	Mr. Alfred E. Dalmacio, RL College Librarian	
Student Relations Officer	Inst. Maria Patricia S. Ugalde Student Relations Officer	
Alumni Relations / RSA	Asst. Prof. Margarita M. Gutierrez Alumni Relations Officer / RSA Coordinator	
College of Pharmacy Storeroom	Mr. Perlito I. Macalintal Supply Officer	

ASST. PROF. CHARLES MANDY G. AYRAN
College Secretary

ASSOC. PROF. FRANCIS R. CAPULE
Associate Professor & Dean



COLLEGE CLEARANCE
(Part 2)

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

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

OFFICE OF STUDENT AFFAIRS

Office of Student Affairs

Student Loan Board

COLLEGE CLEARANCE
(Part 3)



Name of Student: _____ Purpose: _____
 Course : [] Graduation as of _____
 Student Number : [] Leave of Absence _____
 Name of Parent/Guardian: _____ from _____
 _____ to _____
 Permanent Address: _____ [] 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

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

(For MS students- CAS clearance not applicable)