



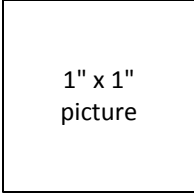
MAPÚA INSTITUTE OF TECHNOLOGY

MANILA, PHILIPPINES

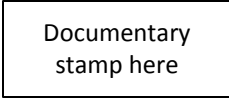
OFFICE OF THE REGISTRAR CLEARANCE FOR DIPLOMA

Student Number: _____

Billing No.: _____



I hereby apply for clearance and issuance of my diploma



Signature of Graduate

PLEASE PRINT NAME

FIRST NAME

MIDDLE NAME

LAST NAME

DEGREE PROGRAM _____

DATE OF GRADUATION _____

SPECIALIZATION (for Graduate Studies Only) _____

CHED S.O. (B) No. _____ s _____ Dated _____

CLEARANCES

Cardinal & Gold (OSA) _____

Office of the Prefect _____

Center for Guidance and Counseling _____

Center for Career Services _____

Library _____

Bookstore _____

Treasury Department _____

ILMO _____

ELC _____

NSTP _____

Dean's Office _____

**Signatures verified and all data
certified true and correct**

Customer Service/Date

Registrar/Date

Assistant Treasurer/Date

Uploaded Thesis _____

Hard Copy of Thesis _____

Address: _____

Tel. No.: _____

Printed by: _____

Signature / Date

OK for signature of Dean and President

Registrar

Released by: _____

Signature/Date

I hereby acknowledge receipt of my diploma.

Signature/Date

Note:

Please complete the information.

Treasury Department to return form to RO Customer Service after payment