



GRADUATION CLEARANCE FORM

Please obtain the following signatures in order to be “cleared” from the designated administrative department(s).

STUDENT INFORMATION

Student I.D. _____

Major in English or French _____

Class of (Promotion) _____ - _____ (Example 2017 – 2018)

Faculty _____

Full Legal Name on degree (First, Middle and last name) (الإسم الكامل (الثلاثي، الرباعي...))

Important Note

The student's name on the degree shall be the same as submitted in this document with the approval of the Documents' Controller.
Le nom de l'étudiant sur le diplôme doit être le même que celui indiqué dans ce document avec l'accord du contrôleur de documents.

English or French _____ || _____ || _____

Arabic _____ || _____ || _____

Date and Signature of Student: _____

REGISTRAR OFFICE USE

Registrar Records Coordinator:

Cleared

Not cleared

Reason(s) _____

Date and Signature _____

Registrar Document Control:

Cleared

Not cleared

Reason(s) _____

Date and Signature _____

Associate officer

Registrar: _____

Date: _____