



University of Management and Technology

Clearance Form

 I.D. No.: Date: _____

Students Name: _____

 Program: _____ Semester: Spring /Summer /Fall

Total Credit Hours completed: _____ CGPA: _____

Email: _____ Contact No.: _____

Address (Home): _____

Address (Office, if applicable): _____

Designation: _____ Contact: _____

Clearance required for:
 Final Transcript (FT): Inter School Program Change: Semester Leave: Leaving University

Participant's Signature: _____ Advisor name & signature with stamp: _____

DEPARTMENTAL CLEARANCES

Name of Department	Signatures (authorized) with date	Office Stamp
Office of Controller of Examinations (OCE)		
Office of Learning Resource Centre (LRC)		
Office of Information Processing Centre (IPC)		
Alumni Office - (OER)		
Labs (Engineering Students Only)		
Scholarship Dept. (Scholarship Holders/ Financial Assistance Only)		
Office of Technology Support (OTS)		
Office of Career Services (OCS)		
Office of Participant Accounts (OTR)		
Hostel (UMT Hostel Residents only)		
Office of The Registrar (ORG)		

Note: For issuance of FT please attach attested copies of all previous Certificates/Degrees with passport size photograph.