University of M	Ianagement and Technology	
Clearance Form		
I.D. No.:	Date:	
Students Name:		
Program:	Semester: Spring 🛛/Summer 🖵/Fall 🖵	
Total Credit Hours completed:		
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:

DEPARTMENTAL CLEARANCES

PNAGEMENT

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.