



# COMSATS University Islamabad

Sahiwal Campus

Date: \_\_\_\_\_

## STUDENT CLEARANCE FORM

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Registration No: \_\_\_\_\_ Status/Semester: \_\_\_\_\_

Program/Section: \_\_\_\_\_ Current Contact No.: \_\_\_\_\_

S. No.	Department/ Section	Remarks	Signature
1	Concerned Head/Incharge of Department		
2	Library		
3	Computer Lab/Server Room		
4	Warden Hostels		
5	Transport Department		
6	Examination Office		
7	Accounts Office		
8	Office of Alumni Association		
9	Registration Office		

Additional Remarks (if any): \_\_\_\_\_

(Student's Signature)