



College of Social Work and Community Development
University of the Philippines
Diliman, Quezon City

Form No. **CSWCD SF-04**
SS 2016-2017 MTVT

STUDENT'S COPY

COLLEGE STUDENT CLEARANCE

Name: _____ Student No.: _____

Degree Program: _____ Year: _____ Date: _____

Purpose(s): _____

_____	Faculty Adviser
_____	Chairperson (DCD/DSW/WD/DSD)
_____	Loan Board, Vinzons Hall, UP
_____	CSWCD Library
_____	STUDENT RECORDS OFFICE

REMARKS: _____

College Secretary



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