

REGISTRAR Form 12-A



**CAVITE STATE UNIVERSITY
ROSARIO CAMPUS
Rosario, Cavite**



**GRADUATION CLEARANCE
(For Non-Degree Students)**

To Whom It May Concern;

This is to certify that Mr./Ms. _____
(Name) (Course)

(Student No. _____) candidate for Graduation 20__17__, is cleared from any
accountability/obligation from my office and is recommended to graduate this May 20__17__.

1 Registration Adviser

2 Accounting

3 College Librarian

4 Director, EBA

5 Director, Instruction

6 Director, OSA

7 Alumni President

8 Registrar

JOSE P. LISAMA
Campus Administrator

Note: Accomplished clearance must be submitted to your respective Registration Adviser.

Student's contact number: _____