



RAWALPINDI WOMEN UNIVERSITY, RAWALPINDI

Student's Clearance Form

Department: _____ Programme: _____

Session: _____ Semester: _____ Registration No _____

Student's Name: _____ Father's Name: _____

Home Address: _____

Contact #: _____ E-mail: _____

Reason for Clearance:

(a) Completion (b) Transfer (c) With drawl (d) Migration

(e) Any other (please specify) _____

Note to the students

Upon Completion of their academic programme student must obtain a signature from the below mentioned departments for clearing of all the obligations in University.

The following offices are required to Sign and Stamp the clearance certificate

S. No.	Departments	Clearing Officer	Signature	Date	Remarks
1	Department Chairperson/Incharge/HOD				
2	Lab of the respective Department (other than IT labs)				
3	Library				
4	Information Technology Services (ITS)				
5	Sports				
6	Directorate Student Affairs				
7	Alumni Registration Form (DSA)				
8	Hostel				
9	Medical Centre				
10	Day care				
11	Controller of Examinations				
12	Treasurer Office/Fee Section				
13	Registrar Office				

I have completed the procedure of clearance:

*Graduating students can take Alumni Form from DSA Office.

* Departmental lab Clearance completed and Submitted to concerned HOD

YES/ NO

* Transcript/Degree issuance form completed and submitted to Controller of Examinations Office

YES/NO

* This form should be submitted at Registrar office along with Original Student ID card after completion of all steps for final clearance.

YES/NO

Signature of the Student: _____ Dated: _____