



**ALGHURAIR UNIVERSITY**  
**Office of the Registrar**  
**CLEARANCE FORM FOR POSTGRADUATE STUDENTS**

**Name :** \_\_\_\_\_ **ID No :** \_\_\_\_\_

**Program :** \_\_\_\_\_ **Semester :** \_\_\_\_\_

**Personal Email ID :** \_\_\_\_\_ **Mobile No :** \_\_\_\_\_

**Are you currently working ?**       **YES**       **NO**

**If YES ;**      **Job Title :** \_\_\_\_\_

**Workplace :** \_\_\_\_\_

*This is to certify that Mr/Ms (Name mentioned above) has cleared all his/her dues and records with the following Departments:*

| <i>SN</i>      | <i>Name of Department</i>                  | <i>Name of the Official</i> | <i>Date</i> | <i>Signature</i> |
|----------------|--|-----------------------------|-------------|------------------|
| 1              | DEAN OF THE COLLEGE                        |                             |             |                  |
| <i>Remarks</i> |  |                             |             |                  |
| 2              | VISA OFFICE                                |                             |             |                  |
| <i>Remarks</i> |  |                             |             |                  |
| 3              | ACCOUNTS OFFICE                            |                             |             |                  |
| <i>Remarks</i> |  |                             |             |                  |
| 4              | ADMISSIONS OFFICE                          |                             |             |                  |
| <i>Remarks</i> |  |                             |             |                  |
| 5              | LIBRARY                                    |                             |             |                  |
| <i>Remarks</i> |  |                             |             |                  |
| 6              | REGISTRATION OFFICE<br>for STUDENT ID CARD |                             |             |                  |
| <i>Remarks</i> |  |                             |             |                  |

**OFFICE OF THE REGISTRAR:**

**REMARKS:** \_\_\_\_\_

**DATE OF PROCESS:** \_\_\_\_\_

\_\_\_\_\_  
**REGISTRAR**

**I hereby received all original certificates and documents:**

\_\_\_\_\_  
**Signature & Date**

