



ALGHURAIR UNIVERSITY

Office of the Registrar

CLEARANCE FORM FOR UNDERGRADUATE 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:

SN	Name of Department	Name of the Official	Date	Signature
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 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

