

STUDENT CLEARANCE FORM



INSTRUCTIONS

1. Please fill up the form completely.
2. Student is requested to get clearance from respective Department.
3. Completed form must be submitted to **Admission and Student Record Department (ASR)**

NAME

(Capital Letter)

MATRIC NO

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PROGRAMME

EMAIL

STUDY CENTRE

CONTACT NO

MAILING ADDRESS

A	STUDENT AFFAIRS DEPARTMENT (STAD)	
Please tick (✓) where applicable :		
Disciplinary Records	☐ Cleared	☐ Not Cleared
Sports Club	☐ Cleared	☐ Not Cleared
Alumni Registration	☐ Yes	☐ No
		Comment:
		Comment:
		Comment:
Signature & Stamp		Date
B	LIBRARY : (Obtain Clearance on Book Returned etc.)	
Please tick (✓) where applicable :		
Items Borrowed From Libr :	Returned ☐ Yes	☐ No
	Good Condition ☐ Yes	☐ No
	Penalty ☐ Yes	☐ No
		Total Cost Estimated : RM
Signature & Stamp		Date

C	STUDENT RESIDENCE SERVICE / HOSTEL DEPARTMENT	
Accommodation: ☐ YES ☐ NO Balance Outstanding Rent: RM _____ Premise: _____ Utilities: RM _____ Others: RM _____ Signature & Stamp _____ Date _____		
D	ACADEMIC DEPARTMENT	
Please tick (☒) where applicable : Semester : ☐ February _____ ☐ June _____ ☐ September _____ ☐ Others _____ (e.g: (☒) Nov 2013) Academic Status : _____ Comment: _____ Signature & Stamp _____ Date _____		
E	FINANCE DEPARTMENT	
Total Fees Charged : RM _____ Payment Received : RM _____ Total Refund/Outstanding : RM _____ Receipt No. : _____ Comment (if any): _____ Signature & Stamp _____ Date _____		
F	ADMISSION AND STUDENT RECORD (ASR) : (Matric Card Verification)	
Please tick (☒) where applicable : Defective ☐ Yes ☐ No Total Cost Estimated : RM _____ Penalty ☐ Yes ☐ No Signature & Stamp _____ Date _____		

I hereby understand that:

- 1 Access to College's resources and facilities shall cease immediately after the clearance has taken effect.
- 2 It is my responsibility to immediately return all SIDMA belongings such as Library items and settle all outstanding fees, where applicable.

Student's Signature

Date