



COMSATS University Islamabad

Sahiwal Campus

Date: _____

CLEARANCE FORM

Name: _____ Father's Name: _____

Registration No: _____ Semester: _____

Program: _____ Section: _____

| S. No. | Department/ Section | Remarks | Signature |
|--------|--|---------|-----------|
| 1 | Concerned Head/Incharge of Department | | |
| 2 | Library | | |
| 3 | Assistant Warden Hostel | | |
| 4 | Cafeteria | | |
| 5 | Office of Alumni Association (Admission Office) | | |
| 6 | Computer Lab/Server Room | | |
| 7 | Examinations | | |
| 8 | Accounts Branch | | |
| 9 | Registration Branch | | |

Additional Remarks (if any): _____

(Student's Signature)