

ALHAMD ISLAMIC UNIVERSITY CLEARANCE FORM

	Reg. No:		
Name: F/Name:			
Program:	Session/Semester:		
Purpose: Mid Term Exam	☐ Final Term Exam ☐ Proposal Defense	e 🗆 Thesis Defense	
Authorities	Remarks	Signature	
Dean/Director Academics			▮
Director ORIC (MS/MPhil/PhD)			
Director QEC			
Finance Manager			
HOD/Program Coordinator			
Student Affairs Officer			
Librarian			
Registration Officer			
Contact No:	Student's Signature:		
Extrapolis de	ALHAMD ISLAMIC UNIVERSIT	IX	
	CLEARANCE FORM Reg. No:		
Name:	Reg. No: F/Name:		
Name:	Reg. No: F/Name: Session/Semester:		
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester:		
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	
Name:Program:Purpose: Mid Term Exam Authorities Dean/Director Academics Director ORIC (MS/MPhil/PhD) Director QEC Finance Manager HOD/Program Coordinator Student Affairs Officer Librarian	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	
Name: Program: Purpose:	Reg. No: F/Name: Session/Semester: Final Term Exam Proposal Defense T	Thesis Defense	