



## ALHAMD ISLAMIC UNIVERSITY CLEARANCE FORM

Date: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Name: \_\_\_\_\_ F/Name: \_\_\_\_\_

Program: \_\_\_\_\_ Session/Semester: \_\_\_\_\_

Purpose:  Mid Term Exam  Final Term Exam  Proposal Defense  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: \_\_\_\_\_



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