SUMMER

Form Reg. 13A

BAHIR DAR UNIVERSITY
COLLEGE/FACULTY/INSTITUTE/SCHOOL OF _____
CUSTOMERS RELATION & INFORMATION PRODUCTION CASE TEAM
SUMMER STUDENT CLEARANCE SHEET

Purpose:

If you want to have a healthy relationship with the university, it is very important to the student to student to complete this clearance form properly & return it to the University registrar before you leave the university campus what ever the reason may be. Only with the proper termination below can official transcripts, letter of enrollment, student copy, or honorable dismissal be issued. Readmission to any unit of the university will be considered only if proper termination is certified by the University registrar.

Procedures:

1. Complete the firs part of this form.
2. Have terminal interviews with your academic Advisor.
3. Obtain the signatures designated below, showing that you have returned university property.
4. Return this form to the Office of the Registrar on time.
5. This form becomes part of your permanent University file and record.

Academic year _____ E.C Semester _____

Personal Data

_____	_____	_____	_____
Name of the Student	Fathers Name	G/Fathers Name	Sex
_____	_____	I II III IV V	_____
Faculty	Program	Year of study (circle it)	I.D. No

Reason for clearing from the University (put '**X**' in the appropriate place)

End of academic year _____ Academic Dismissal _____
Disciplinary case _____ Withdrawing due to health/family problem _____
Graduation _____ Forced withdrawal _____
If you have reason other than these, please specify it _____

Date of application by the student _____/_____/_____/ E.C _____
mm dd yy Signature of the application
advisor's reason to approve student's clearance, if the reason is other than end of academic year _____
_____

_____	_____/_____/_____E.C	_____
Advisor's name	mm dd yy	Signature

Pleas obtain signatures from the following

	Full name	Signature
1. Library	_____	_____
2. Book Store	_____	_____
3. Student's Café	_____	_____
4. Housing office	_____	_____
5. Finance case team	_____	_____

Date of receiving the clearance, if necessary including the I.D card, by Information and Documentation Case Worker of CRIPCT. _____/_____/_____ E.C
dd mm yy