



Regular
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**BAHIR DAR UNIVERSITY**  
**COLLEGE/FACULTY/INSTITUTE/SCHOOL OF \_\_\_\_\_**  
**CUSTOMERS RELATION & INFORMATION PRODUCTION CASE TEAM**  
**Regular 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 whatever 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 first 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
_____	_____	_____	_____
<b>Faculty/College/Institute/School</b>	<b>Program</b>	<b>Year of study (circle it)</b>	<b>I.D. No</b>
_____	_____	<u>I</u> <u>II</u> <u>III</u> <u>IV</u> <u>V</u>	_____

**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 \_\_\_\_\_ Signature

Advisor's name mm dd yy

**Please obtain signatures from the following**

	<u>Full name</u>	<u>Signature</u>
1. Library _____	_____	_____
2. Book Store _____	_____	_____
3. Student's Café _____	_____	_____
4. Housing office _____	_____	_____

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