



# LEAVING CERTIFICATE FORM

**PLEASE USE BLOCK CAPITAL LETTERING ONLY**

APPLICATION INFORMATION (TO BE COMPLETED BY STUDENT)				
NAME			STUDENT ID	
REGISTRATION NO			SEX	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
NRIC/PASSPORT NO			TEL. NO.HSE	TEL.NO.H/P
COURSE			PLACE OF BIRTH	
PROGRAMME				
DURATION: _____ MONTHS / YEARS FROM ____ / ____ / ____ TO ____ / ____ <i>(Please state)</i>				
CLUB / SOCIETY	POSITION HELD	ADVISOR'S SIGNATURE	YEAR	
			FROM	TO

PLEASE ATTACH PHOTOCOPIES OF CERTIFICATES / MEMBERSHIP CARD AS PROOF

HEAD OF DEPARTMENT	
ATTITUDE TOWARDS STUDIES	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT
DURATION OF COURSE _____ YEAR(S)	<input type="checkbox"/> COMPLETED <input type="checkbox"/> STOPPED
REMARKS : _____	
VERIFIED BY, _____	
HEAD OF DEPARTMENT _____	DATE: _____

CHECKLIST FOR STUDENTS LEAVING THE COLLEGE		
Please obtain clearance from the following Departments:		
1 LIBRARY _____	_____	_____
<i>SIGNATURE</i>	<i>STAMP</i>	<i>DATE</i>
2 HOSTEL _____	_____	_____
<i>SIGNATURE</i>	<i>STAMP</i>	<i>DATE</i>
3 SECURITY _____	_____	_____
<i>SIGNATURE</i>	<i>STAMP</i>	<i>DATE</i>



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## INTERNATIONAL STUDENT OFFICE DEPARTMENT

LOCAL       INTERNATIONAL

REMARKS : \_\_\_\_\_

MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

## FINANCE DEPARTMENT

CLEARANCE REMARK : \_\_\_\_\_

\_\_\_\_\_

FINANCE EXECUTIVE \_\_\_\_\_ DATE \_\_\_\_\_

## REGISTRY DEPARTMENT

APPROVED  NOT APPROVED

REMARKS : \_\_\_\_\_

REGISTRAR \_\_\_\_\_ DATE \_\_\_\_\_

*Please attach : 1. Photocopy of IC (Old / New)  
2. Evidence of Membership (ID / Certificate)*