The University of Faisalabad

SIC Code_____

STUDENT CLEARANCE FORM

(To be filled in Block letters)

Name: _____ **Father's Name**:_____

Registration No:_____ **Program**: _____

Session:_____ **Semester**:_____ **Address:** _____

_____

Email:_____ **Telephone No (Residence)** _____**Mobile No.**_____

Pass Out: ☐ **Left:** ☐ **Name/Year of last enrolled Semester**:_____

(please tick one)

It is certified that nothing is outstanding against above applicant at the time of leaving the institutions.

Departments/Offices	Signature with date
Head of Department	
Computer Lab	
Chief Librarian/Librarian	
Manager IT	
Manager Finance	
Manager, Placement Bureau	
Student Affairs Office	
Director Press and Publications	
Hostel Warden (if applicable)	

I, affirm that irrespective of the above clearance given by respective departments/offices, I do not owe anything to The University of Faisalabad. If anything, due found against me at a later stage, I authorize the University Management to recover the same from my final account/refund.
I, also undertake that I will not defame my Institution, its Faculty Members and Administration in any form after leaving the University.

_____
Signature of student with date

Graduating Applicants must attach:

- Copy of CV
- Two recent Passport size photographs with blue background to be printed on transcript/record.

_____
Deputy/Assistant Registrar (SA)