



**OFFICE OF THE GRADUATE PROGRAM**  
 College of Social Sciences and Philosophy  
 University of the Philippines Diliman

**COLLEGE CLEARANCE**

*To be filled out by student*

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 Degree Program: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

Office/Unit	Recommendation/Action	Remarks
<b>DEPARTMENT/INSTITUTE:</b> _____ _____ Signature over Printed Name of Department Chair / Institute Director Date: _____	<input type="checkbox"/> Cleared <input type="checkbox"/> With accountabilities	
<b>CSSP- OFFICE OF STUDENT AFFAIRS (OSA) (PH 113)</b> _____ Signature over Printed Name of OSA Coordinator Date: _____	<input type="checkbox"/> Cleared <input type="checkbox"/> With accountabilities	
<b>CSSP-COMPUTER LABORATORY (COMP LAB) (PH 115-117)</b> _____ Signature over Printed Name of Comp Lab Coordinator Date: _____	<input type="checkbox"/> Cleared <input type="checkbox"/> With accountabilities	

This is to certify that Mr./Ms./Mx/ \_\_\_\_\_, with Student No. \_\_\_\_\_, of the College of Social Sciences and Philosophy has no accountability in our College. Thank you.

\_\_\_\_\_  
*Coordinator, Office of the Graduate Program*

*Noted:*

\_\_\_\_\_  
*Dean*