



MABALACAT CITY COLLEGE

OFFICE OF THE COLLEGE REGISTRAR

GRADUATION CLEARANCE

STUDENT PERSONAL INFORMATION

Date: _____

Name: _____
 (First Name) (Middle Name) (Last Name) (Ext. Name)

Active Contact No.: _____

ACADEMIC INFORMATION

Student ID No: _____ Program: _____

Field of Study/Specialization: _____

Did you avail of any of the MCC Special Programs?

UNA I-Peace MCC Pro Plus REAP Honors Not Applicable (N/A)

"By signing this form, I give consent to the collection, use, disclosure, and processing of my personal and/or sensitive information."

 Signature over printed name

CLEARANCE

(1) _____
 Institute Dean

(2) _____
 Center for Character Development Office

(3) _____
 Finance Office

(4) _____
 Workforce Development (OVPGROW)

(5) _____
 Office of the VPAA

(6) _____
 Office of the College Registrar

IMPORTANT: Accomplish this form in duplicate (1 copy for the Registrar, and 1 copy for the student's file).