\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

**C L E A R A N C E**

(Part Time Professor for School of Advanced Education)

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Position)

of the **School of Advanced Education** is free from all property and money accountability in

the University .

This certification is issued to support his/her end of contract for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**SIGNATURE REMARKS**

1. University Library \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Registrar’s Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. HRMO Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature over Printed Name

RECOMMENDING APPROVAL:

## DR. JOHNNY P. CAYABAS JR.

## *Dean, School of Advanced Education*

APPROVED:

## EDGAR G. CUE, PhD.

## *SUC President III*

## 