

University College of Matara University College of Vocational Technology Students' Clearance Form



1. Name o	f the Student							
2. Registration Number								
3. Academ	nic Year							
4. Division	1							
Reason for Clearance								
\	a) Withdrawal							
	b) Completion							
5. Withdrawal Reason:-								
Student's Sign	nature:	Date:						

No	Departments	Clearing Officer	Signature	Date	Remarks
1	Course Coordinator				
2	Head of Division				
3	Head of Academics				
4	Library				
5	Finance				
6	Assistant Registrar				
		o release the student	no) from Univers		(Name) of Matara with effect
Director/Chief Executive Officer					Date