

CLEARANCE F	ORM IIUM CENTRE FOR CONTIN	UING EDUCATION (GRADUA	TING STUDENT ONLY)
1. PERSONAL PARTI	CULARS		
NAME:			
MATRIC NO:	PROGRAMME:	TELEPHONE NO:	
SIGNATURE:	DATE:		
2. APPROVAL FROM I	RESPECTIVE DEPARTMENT		
	rom the following departments before yesecured, please proceed to ICCE(UG)/Crance.		
	IIUM S	SECURITY	
Please release/withhold*	the above student's certificate/transcri	pt	
Comment (if you want us to withhold the certificate)			(signature, official stamps &
			date)
	IIUM	LIBRARY	
Please release/withhold*	the above student's certificate/transcri	pt	
Comment (if you want us	to withhold the certificate)		
			(signature, official stamps & date)
	ICCE FINANCI	E DEPARTMENT	
Please release/withhold*	the above student's certificate/transcri	pt	
Comment (if you want us	to withhold the certificate)		
			(signature, official stamps & date)
	ICCE ACADEM	IC DEPARTMENT	
Please release/withhold*	the above student's certificate/transcri	pt	
Comment (if you want us	to withhold the certificate)		
			(signature, official stamps &
	RORF CO	DLLECTION	date)
Please release/withhold*	the above student's certificate/transcri		
	to withhold the certificate)	r·	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		(signature, official stamps &
			date)
		RETURN	
•	the above student's certificate/transcri	pt	
Comment (if you want us	to withhold the certificate)		(signature official stamps 8.
			(signature, official stamps & date)
	SCROLL & TRANS	CRIPT COLLECTION	
Please ensure you have cl	leared all the above before you can colle	ect the scroll and transcript	
			(signature, official stamps &