



CEBU DOCTORS' UNIVERSITY

Office of the University Registrar

1 Dr. P.V. Larrazabal Jr. Avenue, North Reclamation,
6014 Mandaue City, Cebu, Philippines
+63 (32) 238-8333 | +63 (32) 420-1000

APPLICATION FOR UNIVERSITY CLEARANCE (Senior High School Students)

KINDLY USE BLOCK LETTERS.

☐ Graduating ☐ Transferee Student Number: _____

Name of Student: _____
(Last Name) (First Name) (Middle Name) (Suffix)

Home Address: _____

Strand: ☐ STEM ☐ HUMSS Year Level: _____

Academic Years Attended - From: 1st Sem _____ 2nd Sem _____ Summer _____
To : 1st Sem _____ 2nd Sem _____ Summer _____

Email Address: _____ Contact Number: _____

Signature of the Student

This is to certify that the applicant is cleared of academic requirements, financial and property obligations:

ADMINISTRATION

STUDENT AFFAIRS, PUBLICATIONS
AND PUBLIC RELATIONS OFFICE (SAPPRO)

ACCOUNTING OFFICE

GUIDANCE SERVICES OFFICE

LIBRARY

ALUMNI OFFICE

I.D. Number: _____
(School I.D. to be surrendered at the Registrar's Office)

ATTACH YOUR I.D. HERE

SHS SALOD CHAIR

SHS ACADEMIC DEPARTMENT CHAIR

SHS PRINCIPAL

REGISTRAR'S OFFICE

SUBMIT TO THE REGISTRAR'S OFFICE:

☐ CDU official receipt for FORM 137



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PRIMUM HOMO ESTO

ACKNOWLEDGEMENT RECEIPT

Name of Student: _____ Date Submitted: _____
(Last Name) (First Name) (Middle Name) (Suffix)