



Semester/ Term Clearance Form

Faculty Member Details

Date: _____
Staff #: _____ **Semeter/ Term** _____
Name: _____ **Academic Year** _____

Program Coordinator

This is to confirm that the above mentioned instructor has submit the Course/s portfolio & all the needed documents related to the mentioned Semester/ Term

Program Coordinator _____

Signature _____

ECC

This is to confirm that the above mentioned instructor has submit the Course/s grades and all the needed data belongs to marks & examination on the above mentioned Semester /Term

Ecc member _____

Signature _____

College's Dean

This is to confirm that the above mentioned instructor has submit all the related required data to the Course/s belongs to the above mentioned Semester/Term

Dean _____

Signature _____

Quality Assurance Department

This is to confirm that the above mentioned instructor has submit the Course/s portfolio & all the needed documents

Quality Assurance Manager _____

Signature _____

Human Resource Department

This is to confirm that the above mentioned instructor has submit the requied documents and data from his/ her side to the human resources dpt.

HR Manager _____

Signature _____