



UNIVERSITY OF KURDISTAN HEWLÊR

ACADEMIC REGISTRAR'S OFFICE

Serial No

CLEARANCE FORM

Student Name: _____ Student ID Number: _____
 Contact Number: _____ UKH Email Address: _____
 Department: _____ Level: _____ Major: _____

NO.	DEPARTMENT	STAMP & SIGNATURE	NOTE
1.	Departmental Support Unit (Academic Building/ SSE F16; KBS & SSS T17)		
2.	Accommodation (Academic Building: Basement)		
3.	Store (Academic Building: Basement)		
4.	Library (Admin Building)		
5.	Public Relations (Admin Building) <i>***only for returning of gowns for graduate students</i>		
6.	Finance (Admin Building)		
7.	Alumni Association (Admin Building 3 rd floor Room #9) <i>***only for graduating students</i> Contact #: +9647504294129		
8.	Security & Transportation (Admin Building)		
9.	Academic Registrar's Office (Admin Building)		

FOR ARO USE ONLY

Received by: _____ Date _____
 Name of ARO Staff & Signature