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MicroLink Information Technology Business College Mekelle Branch



Semester/Term clearance form

Procedures:

Complete the first part of this form	Obtain the signature of in part two	Return this form to the registrar office
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Part-1

Full Name _____
 Department _____
 Section (Regular/Extension) _____
 Program (Degree/Diploma) _____

ID.No _____
 Class Year _____
 Academic Year _____
 For Semester/term _____

Part-II

Full Name
 Library and book store _____
 Finance Office: _____
 Department Head: _____
 Registrar: _____
 Date : _____
 ✕.....

Signature



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