



Institute for Security and Law Enforcement Studies
 Maldives Police Service,
 Iskandharu Koshi, 20271, Ameenee Magu,
 Male', Republic of Maldives.

Student Service

No.: ___/GCF/ISLES/20__

GRADUATION CLEARANCE FORM

* To be used by students who completed all academic requirements for their respective courses.
 * Students who fail to complete this form will not be issued the Official Graduation Certificate or Official Transcript of Records.
 * After completion, the student should submit this form in person to the Student Service of ISLES.

| Student | | | |
|----------------------|--|---------------------|--|
| Student Name | | Academic Year | |
| Student ID | | Semester | |
| Course | | Faculty | |
| Current Address | | Personal Mobile No. | |
| Student's Signature: | | Date: | |

| Course Coordinator | | | |
|--------------------|--|-------|--|
| Name | | | |
| Signature | | Date: | |

* Graduation students must pass to the following sections to clear their records

| | | | |
|--|---|--|----------------------|
| Student Service | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | Authorized Name _____ Signature _____ | Date _____ |
| Financial Assistant (ISLES) | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | Authorized Name _____ Signature _____ | Date _____ |
| Financial Clearance (Polco) | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | Authorized Name _____ Signature _____ | Date _____ |
| Library Service | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | Authorized Name _____ Signature _____ | Date _____ |
| E-Learning | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | Authorized Name _____ Signature _____ | Date _____ |
| Enrollment / Registration Officer | Name | _____ | |
| | Signature | _____ | Date _____ |

Note: Please return the form to the Student Service

| | | | |
|---------------------------|----------------------------|-------|----------------------|
| Academic Registrar | Name | _____ | |
| | Signature | _____ | Date _____ |
| | Graduation Effective Term: | | |

* A copy of the completed form should be provided to the student once approved by the Academic Registrar.