



Title: STUDENT ASSISTANTS DISCIPLINARY RECORDS CLEARANCE FORM		
Version: 1	Document Code: CSA.SSO.009.V1.RF	Effectivity Date: 1 st Sem, SY 2015-2016
Creator: SSO	Creation Date: 05 September 2015	Approval Date: 07 September 2015
Location: SSO	Approving Body: Center for Student Admissions	Number of Pages: Page 1 of 1

STUDENT ASSISTANTS DISCIPLINARY RECORDS CLEARANCE FORM
(FOR OLD GRANTEES)

Name of Grantee / Student Assistant: _____

College: _____ Course / Year: _____

Semester: _____ School Year: _____

This portion should be filled out by SWAFO officer

Date: _____

Please check required fields:

_____ This student has no violations to date

_____ This student is not currently under sanctions but has been sanctioned previously.
(Please see details below)

_____ This student is currently under active sanctions. (Please see details below)

Offense(s)	Date Committed	Sanctions	Active (yes/no)	Remarks
1.				
2.				
3.				
4.				
5.				

Additional Comments:

Prepared and Verified by:

Conforme:

SWAFO Formatore

Student Assistant



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