



# SULTAN QABOOS UNIVERSITY

College of Agricultural and Marine Sciences  
Assistant Dean for Undergraduate Studies Office  
Clearance Form

Student's Name: \_\_\_\_\_ ID & Cohort: \_\_\_\_\_

Department: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Reason for Clearance (tick one):

☐ Graduation

☐ Postponement\*

☐ Transfer\*

☐ Withdrawal\*

\* Please give reasons

Student's Signature:

Date:

Advisor's Name & Signature:

Date:

Department Superintendent Signature:  
(Only for majored students)

Date:

Student's HoD Signature:  
(Only for majored students)

Date:

CAMS Textbook Officer Signature:

Date:

Medical Library Officer Signature:  
(Only for FSHN and ANVS students)

Date:

ADUS Coordinator Signature:

Date:

Director of Administration Signature:

Date: