Labs Clearance Form

It is testified that the Mr./Ms. _____ Reg.# _____ student of **BS** _____ session _____has completed his/her all Lab courses and nothing is due from any Lab's property on his/her account which he/she has used during his/her studies.

Lab Assistants:

Name: _____   Name: _____

Signature: _____ Date: _____   Signature: _____Date: _____

Lab Coordinator, CPED:

Name: _____

Signature: _____ Date: _____

HoD, Computer Engineering:

Name: _____

Signature: _____ Date: _____