

SZABIST

CLEARANCE FORM

I	
S/o	
Registration #	<input style="width:100%;" type="text"/> of <input style="width:100%;" type="text"/> program, have completed all degree requirements. Please issue cheque in favor* of _____ *Cheque will be issued in the name of student or parents only which must be Picked up within six months of issue date, after which the cheque will be forfeited.
Student Cell #:	<input style="width:100%;" type="text"/> Email ID: _____
_____ Student (Sign & Date)	

The Name & Father Name as per last degree to be verified by verifying officer
For Office Use Only (Do not write below this line)

Executive Development Center (EDC Office)

Alumni database entry made
gd.szabist-isb.edu.pk

One passport size picture for SAGA Card

_____ Assistant Manager EDC (Sign & Date)

Library

No outstanding dues :

Remarks: _____

_____ Librarian (Sign & Date)

Academics Office

Publication's Requirements (for PhD) _____

Remarks: _____

_____ Controller Academics (Sign & Date)

Computer Lab

Lab Domain Account is disabled

Software copyright submitted (for BS-Computing/ MCS only)

Remarks: _____

_____ Lab Administrator (Sign & Date)

Media Cage & Studio

No Outstanding Equipment

No reimbursement/ repair required

Zab Media Festivals (ZMF) Participation

Remarks: _____

_____ Media Activity Supervisor (Sign & Date)

_____ Program Manager / Head of Dept. (Sign & Date)

Admissions Office

GAT Score (for MS/PhD) submitted

IBCC equivalency submitted (Batch 2014 and onwards): Yes No

HEC equivalency / verification submitted (Batch 2014 and onwards): Yes No

Remarks: _____

_____ Manager Admissions (Sign & Date)

Finance Office

Security Deposit		Printing & other Charges	
Other Payables		Library Dues	
		Degree & Gown Fee	
Total Payable		Total Receivables	

Payable Rs. _____ paid vide cheque number _____ dated _____

Receivable Rs. _____ paid vide challan number _____ dated _____

_____ Finance Officer (Sign & Date)

Note: Validity of clearances date is **ONE** month. Records Office will not accept this form, if the clearances are more than a month old at the date of submission.

Records Office

The student has submitted the Degree Claim Form <input type="checkbox"/>	Graduating Student Survey Form sent to IR <input type="checkbox"/>
_____ Records Department (Sign & Date)	_____ Controller Records (Sign & Date)

STUDENT RECEIVING (After Collection of Transcript)

All information reported on Final Transcript and Pass Certificate is checked and does not require any corrections.

Received by: _____ Sign & Date: _____

Please attach following mandatory documents:

- Bachelors:
 - Copy of Intermediate (Mark Sheet & Certificate) **OR**
 - A' Level results (*A' Level students must submit Passport copy with father's name correctly spelt in English*)
 - IBCC equivalency to be submitted by students of Batch 2014 and onwards
- Masters:
 - Copy of Last Transcript (consolidated) & Degree issued
(*Last degree verification / equivalency by HEC for Batch 2014 and onwards*)
- MS & PhD:
 - Copy of Last Transcript (consolidated) & Degree issued
(*Last degree verification / equivalency by HEC for Batch 2014 and onwards*)
 - Copy of GAT Score Certificate (MS: GAT-General, PhD: GAT-Subject)
- Copy of Internship Certificate/ Internship Waiver Form (Experience letter required)
- Software Copyright Form (*for MCS/ BS-Computing only*)
- Graduating Students Survey Form (*Attached*)
- Student Passport size picture for SAGA card.

If father's name is not mentioned on last transcript / degree, then the student MUST submit Passport copy with father's name correctly spelt in English.

INSTRUCTIONS:

- Mention the Extra Course (s) if taken (elective/bi-major) _____
- Final Transcript & Pass Certificate will only be issued after all requirements for the degree are completed including the submission of all the educational documents.
- No changes will be made in Degree, Final Transcript & Pass Certificate once issued.
- Only those candidates who become eligible to receive the Final Transcript & Pass Certificate will be eligible to receive the Degree at the next convocation.
- In case of nominating someone else to collect the Degree, Final Transcript & Pass Certificate, the student should email authority letter to the Records Department; the nominee in order to collect documents will have to submit a copy of the CNIC.
- Transcript & Pass Certificate will be issued after 1.5 month after applying for final transcript.
- Degree will be issued after Convocation.

Survey of Graduating Students

The survey seeks graduating students input on the quality of the academic programs at SZABIST. We seek your help in completing this survey.

Sr. no	Item	A: Very Good	B: satisfied	C: Uncertain	D: Dissatisfied	E: Very Dissatisfied
1.	The program is effective in developing written communication skills.					
2.	The program is effective in developing analytical and problem solving skills.					
3.	The program is effective in enhancing team-working abilities.					
4.	The program is effective in developing planning abilities.					
5.	The program is effective in developing independent thinking.					
6.	Contents of the curriculum meet program objectives.					
7.	Faculty is competent and able to meet the program objectives.					
8.	The program Manager is helpful in supporting learning.					
9.	Environment is conducive to learning.					
10.	There are enough co-curricular and extra-curricular activities available.					
11.	The objectives of the program have been fully achieved.					
12.	Scholarships, financial assistance and grants are available.					

Answer question 13 if applicable.

13. The internship experience is effective in enhancing:

- | | | | | | |
|---|---|---|---|---|---|
| a. Ability to work in teams | A | B | C | D | E |
| b. Independent thinking | A | B | C | D | E |
| c. Appreciation of ethical values | A | B | C | D | E |
| d. Professional development | A | B | C | D | E |
| e. Time Management Skills | A | B | C | D | E |
| f. Judgment | A | B | C | D | E |
| g. Discipline | A | B | C | D | E |
| h. The link between theory and practice | A | B | C | D | E |

14. What were the best aspects of your program?

15. What aspects of your program could be improved?

16. Any other comments:

Name (Optional): _____

Registration No (Optional): _____

Program: _____

SZABIST

INTERNSHIP WAIVER FORM

(For Transcript Clearance Only)

Name _____ Reg.No. _____

Program _____ Semester/ Year: _____

Res. Phone No: _____ Mobile: _____

Email: _____

Work Experience (should be during the Degree period)

Time Period: _____ From: _____ To: _____

Name of Organization: _____

Designation: _____

Name of HR Manager/ Supervisor: _____

Office Address: _____

Office Tel: _____ Fax: _____

Office Email: _____

Student's
Signature & Date

For Office Use Only (do not write below this line)

Acceptable Not Acceptable

Program Manager
Signature & Date

Head of Department (HoD)
Signature & Date

Controller Records
Signature & Date

Full Name: In Capital words	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																				
Registration No.:	Program / Faculty: _____																				
Year of Admission:	Date of Completion: _____																				
CGPA Obtained:	Cr. Hrs. Completed: _____																				
No. of Compulsory Courses	No. of Elective Courses: _____																				
No. of Extra Courses:	_____																				
Email Address:	Cell No. _____																				

I hereby certify that I have completed all the required core and elective courses, and as well as the credit hours, for the program of study in which I was admitted.

I undertake that all the above information is accurate. I am aware that, in case of any incorrect information, University may take any action against me.

Date: _____ Student Signature: _____

Note: You must collect the Degree Claim Form as soon as you complete your degree requirement and get it signed by your relevant Program Manager, thereafter submit it to the Records office.

In order to get your degree in Convocation; you must submit the Clearance Form to the Records Dept. before the deadline as announced by the Record Dept. If you fail to submit your Clearance Form by the deadline; then your degree will be conferred in Absentia. Please note that Transcript, Pass Certificate and Degree will be issued upon submission of your Clearance Form.

INSTRUCTIONS FOR STUDENTS ON PAGE 2.

For Office Use Only – (To be filled by the Relevant Program Manager)

- Specialization (for MS/CS Batch 2014 and onwards): _____
- The student has completed the following:
- | | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Compulsory Courses
- Elective Courses
- Required # of Credits
- Course Replacement given for the following courses:

Compulsory Courses	Replacement Courses
1.	
2.	
3.	
4.	

Date: _____ Program Manager's Signature: _____