



Form (.....)

(Disclaimer/Clearance/Hand-over of Possession(s) Form) (for postgraduate students)

Student Name				Registration No:	
Faculty:				Department:	
Degree:	<input type="checkbox"/> Diploma	<input type="checkbox"/> Master's with Thesis	<input type="checkbox"/> Master's with Research Project (Dissertation)	<input type="checkbox"/> Doctor of Philosophy	
Reason for Clearance:	<input type="checkbox"/> Graduation	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Registration Cancellation		

Student Signature: .....

Supervisor / Academic Advisor Signature: .....

Date:    /    / 20    .

**Disclaimer/Clearance/Hand-over of Possession(s) from the University's Different Administrations:**

The Student no longer has any items in his/her possession nor orders or dues for the university.

Party	Signature	Seal
Academic Department Supervising the Specialization	.....	.....
Postgraduate Studies Administration		
General Registrar Administration		
Financial Affairs Office:		
Administrational Affairs Office:		
Library:		

Paper and electronic copies of the master's thesis were received.

Thesis was not received due to the postgraduate program's special nature in this specialization.

**Student's Approval**

I, the undersigned student, hereby have acknowledged that I have received all the contents of my file from the Postgraduate Studies and Research Administration at the Libyan International Medical University (LIMU), and I no longer have any items in my possession nor orders or dues for the university.

Student Signature:

Date:    /    / 20    .

University's Vice-President for Postgraduate Studies and Scientific Research

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Date:    /    / 20    .