

Comments/Special instructions/Recommendations by Dean (IRI), if any

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[Signature of Dean (IRI)]

_____/_____/_____
Date: (dd / mm / yyyy)

* User satisfaction report should be taken from the client if applicable before certificate of completion is issued

For Dean (IRI) Office Use

Checklist: **OK / Not OK**

Received for							
Civil		Elect			AC		
Date received		Date received		Date received		Date received	
Expected Date		Expected Date		Expected Date		Expected Date	
Checked		Passed					
Assistant/ Superintendent		Note:					
		OIC					
Recorded	Sent for clarifications	yyyymmdd	Clarifications Received	yyyymmdd	Revision Recorded	Sent for further processing	yyyymmdd