

STUDENTS CLEARANCE FORM

Name:ADM. NO.:

Programme (e.g. BML, BDS, MBA etc.):

Postal Address:Tel No. Mobile:

E mail address

Please Tick as Appropriate:

Postgraduate Undergraduate Diploma Certificate

Reasons for clearing from the university (Tick as appropriate)

Completion of my studies Transfer to another University

Others:

I, the undersigned, do state that this clearance is correct to the best of my knowledge and do further state that any discrepancies that may be detected after the clearance will be put into my personal account to compensate the University.

In case of any outstanding claims on the student for property lost or damaged, kindly attach the relevant details.

Students Signature: _____ Date: _____

I hereby request to be cleared by the respective departments / Directorates of the University.

1. Library

The student has returned all Library books or has the following outstanding liabilities:

University Librarian _____ Date: _____

2. Administration _____ Date: _____

3. Information & Technology (ICT) _____ Date: _____

4. Examinations' Department: _____ Date _____

5. Dean of Students _____ Date _____

6. Dean of Respective School _____ Date: _____

7. Finance Department _____ Date: _____

8. Registrar (ASA)
I confirm the student has surrendered his/her student ID and has no pending student matters.
Registrar _____ Date _____