



**STUDENTS CLEARANCE FORM**

**Purpose of Clearance** [Completion of Studies       Withdrawal       Termination of Studies

Instruction: Fill in quadruplicate

**NAME OF STUDENT:**

**REG. NO:**

**YEAR OF STUDY(eg I, II):**

**ACADEMIC YEAR:**

**SCHOOL:**

**DEPARTMENT:**

	<b>OFFICE/DEPARTMENT</b>	<b>PARTICULARS OF ITEMS NOT SURRENDERED</b>	<b>CLEARED/NOT CLEARED</b>
1	Head of Department		Cleared/Not Cleared Name: Signature: Date:
2	Dean of School		Cleared/Not Cleared Name: Signature: Date:
3	University Library		Cleared/Not Cleared Name: Signature: Date:
4	University Accommodation Section		Cleared/Not Cleared Name: Signature: Date:
5	Catering Section		Cleared/Not Cleared Name: Signature: Date:
6	Health Unit		Cleared/Not Cleared Name: Signature: Date:
7	Games and Sports Office		Cleared/Not Cleared Name: Signature: Date:
8	Dean of Students		Cleared/Not Cleared Name: Signature: Date:
9	Central Services/Estates		Cleared/Not Cleared Name: Signature: Date:
10	Students Finance		Cleared/Not Cleared Name: Signature: Date:
11	Finance Officer	Total cost not surrendered:  KES.	Cleared/Not Cleared Name: Signature: Date:
12	Registrar(Academic Affairs)		Cleared/Not Cleared Name: Signature: Date:

**Copies to:** Registrar(Academic Affairs), Head of Department, Dean of School, Student.