



STUDENTS CLEARANCE FORM

Fill in Quadruplicate

TEL:

F-2-61-9-1

NAME:	REG. NO
FACULTY /SCHOOL/INSTITUTE:	DEPT:
YEAR OF STUDY:	ACADEMIC YEAR:

1	EXAMS OFFICE	CLEARED/NOT CLEARED
	Remarks:	
		Charge shs.
	Exams officer sign.	DATE:
2	LIBRARY:	CLEARED/NOT CLEARED
	Remarks:	
		Charge shs.
	Librarian sign.	DATE:
3	CHAIRMAN OF DEPARTMENT	CLEARED/NOT CLEARED
	Remarks:	
		Charge shs.
	Chairman Sign	DATE:
4	REGISTRAR'S OFFICE	CLEARED/NOT CLEARED
	Remarks:	
		Charge Shs. Fees
		SHS.
	Registrar sign.	DATE:
5	STUDENT FINANCE OFFICE	CLEARED / NOT CLEARED
	Remarks	Charge shs
	Total charges 1 to 4 and outstanding Fees	SHS
	Student Finance Officer sign.	DATE:

Copy to (i) Student (ii) Students Registry (iii) Department



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