



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

INSTRUCTIONS

Fill in quadruplicate

Students are advised to complete the form either at the end of the course or termination of the course

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

1	CHAIRMAN OF DEPARTMENT	CLEARED/NOT CLEARED
	Remarks	
		Charge Shs
	Chairman Signature	Date:
2	FACULTY /SCHOOL/INSTITUTE	CLEARED/NOT CLEARED
	Remarks	
		Charge Shs
	Dean/Director Signature	Date:
3	LIBRARY	CLEARED/NOT CLEARED
	Remarks	
		Charge Shs
	Librarian Signature	Date:
4	HOUSE KEEPER	CLEARED/NOT CLEARED
	Remarks	
		Charge Shs
	House Keeper Signature	Date:
5	DEAN OF STUDENTS	CLEARED/NOT CLEARED
	Remarks	
		Charge Shs
	Dean of Students Signature	Date:
6	SPORTS AND GAMES	CLEARED/NOT CLEARED
	Remarks	
		Charge Shs
	Director of Sports & Games Signature	Date:
7	THE REGISTRAR'S OFFICE	CLEARED/NOT CLEARED
	Remarks	
		Charge Shs
	Registrar Signature	Date:
8	STUDENTS FINANCE OFFICE	CLEARED/NOT CLEARED
	Remarks	
		Charge Shs
	Students' Finance Office Signature	Date:

Copy to: (i) Student (ii) Students Registry (iii) Department (iv) Faculty/school

