

CHUKA



UNIVERSITY

**STUDENT CLEARANCE FORM
(To be filled in triplicate)**

Name Reg. No.

Course Date

Department..... Faculty.....

The above named student is graduating and leaving the University at the end of this semester. Please clear him/her before he/she leaves.

NO.	DEPARTMENT	ITEM (S)	COST OF ITEM (S)	SIGNATURE
1.	CATERING			
2.	TRANSPORT			
3.	HALLS			
4.	LIBRARY			
5.	MEDICAL			
6.	STORES			
7.	BOOKSHOP			
8.	GAMES			
9.	DEAN OF STUDENTS			
10.	COMPUTER CENTRE			
11.	COMTECH			

12. Senior Accountant
Sign Date

13. Chairman of Department (HOD)
Sign Date

14. Dean of Faculty
Sign Date

FOR OFFICIAL USE ONLY

A. The student has paid Ksh. Receipt No..... For fee
Balance/Lost item(s)

Sign
Senior Accountant Date

B. Cleared/Not cleared

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Registrar (AA) Sign Date