

CHUKA



UNIVERSITY

**STUDENT CLEARANCE FORM (Revised 2018)
(To be filled in triplicate)**

Name:..... **Reg. No.**

Student Tel. No:..... **Email:**

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.	SECURITY			
5.	LIBRARY			
6.	MEDICAL			
7.	STORES			
8.	BOOKSHOP			
9.	GAMES			
10.	DEAN OF STUDENTS			
11.	COMPUTER CENTRE			
12.	MEDIA TECH SECTION			

13. Senior Accountant
Sign Date

14. Chairman of Department (HOD)
Sign Date

15. 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

.....
Registrar (AA) Sign Date