

STUDENT CLEARANCE FORM

F-2-61-9-1



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
	Chairman 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 Academic Registry (iii) Department (iv) Faculty/school

