



STUDENTS CLEARANCE FORM

This form should be filled in quadruple (4 Copies)

NAME OF STUDENT: **ADM/No:**

COURSE/PROGRAMME: **SCHOOL:**

DEPARTMENT: (STUDENT TO INDICATE).

CLEARED BY:

	1.	Sign _____	DATE _____
	2.	Sign _____	DATE _____
	3.	Sign _____	DATE _____

DEPARTMENT/SECTION	PARTICULARS OF ITEMS NOT SURRENDERED	CLEARED BY:
PUC LIBRARY		NAME _____ SIGN _____ DATE _____
KILIFI COMMUNITY LIBRARY		NAME _____ SIGN _____ DATE _____
PWANI UNIVERSITY (STUDENTS ASSOCIATION PUSA)		NAME _____ SIGN _____ DATE _____
ACCOMMODATION		NAME _____ SIGN _____ DATE _____
HEALTH UNIT		NAME _____ SIGN _____ DATE _____
PUC FARM		NAME _____ SIGN _____ DATE _____
CENTRAL STORES		NAME _____ SIGN _____ DATE _____
SPORTS AND GAMES		NAME _____ SIGN _____ DATE _____
STUDENT FINANCE		NAME _____ SIGN _____ DATE _____
STUDENT CATERING		NAME _____ SIGN _____ DATE _____

REGISTRAR ADMISSIONS

I certify that the above student has no liabilities with the University College.

NAME: SIGN: DATE:

Completion of the clearance exercise, the forms should be distributed as follows:

- First copy to be left at the finance department
- Second copy to be taken to the school/department
- Third copy to be taken to students file (admission office)
- Forth copy to be retained by the student.