



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 _____
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 (ASA)

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

NAME: SIGN: DATE:

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

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