**REVISION 3** UoEm-F-ADMS-014



## **UNIVERSITY OF EMBU**

## STUDENT'S CLEARANCE FORM

## Instructions

- 1. Fill the form in triplicate; retain a copy, submit a copy to the Finance Office and one to the Registrar
- 2. Surrender your student's Identity card as you clear with the Registrar (ARE)

Student's	s Details		
Name		Reg. No.	
School	Mobile No.		
Please cl	ear with the following sections/	departments:	
Academi	c Department		
	Name of Department	CoD Name	(Signature, Date/Stamp)
1	Name of Department	CoD Name	(Signature, Date/Stamp)
	Name of Department	CoD Name	(Signature, Date/Stamp)
School .	(Name of Dean)	( Signature)	(Date/Stamp)
Library	(Name of Librarian)	( Signature)	(Date/Stamp)
Accomodation (Name of officer)		( Signature)	(Date/Stamp)
Sports &	Games (Name of officer)	( Signature)	(Date/Stamp)
Student's	(Name of officer)	( Signature)	(Date/Stamp)
UESA	(Name of officer)	( Signature)	(Date/Stamp)
Finance	·	······	`
	(Name of officer)	( Signature)	(Date/Stamp)
Registrar	(Name of officer)	( Signature)	(Date/Stamp)
Student's Signature		Date	





Knowledge Transforms