**COLLEGE OF AGRICULTURE, ANIMAL SCIENCES**

 **& VETERINARY MEDICINE**

**OFFICE OF THE COLLEGE REGISTRAR**

**CLEARANCE FORM**

**Name of student: (As it appears in the certificate used during admission to the University)**

**……………………………………………………………………………………………………………**

**Registration number: ……………………………………………………………………**

**School: …………………………………………………………………………………………………**

**Department: …………………………………………………………………………………………**

**Option/Specialization: …………………………………………………………………………………**

**Tel. No.: ………………………………………………………………………………**

**Email: …………………………………………………………………………………**

****

**Reasons for clearing from the university (Tick as appropriate)**

|  |  |  |
| --- | --- | --- |
| Completion of my studies |  | Academic Testimonial |
|  |  |  |

Others:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that,

1. I have no outstanding liabilities (for graduating or getting other academic documents).
2. I confirm that my name and registration number is in the graduation list and is correctly captured (for Graduating students)

**Students Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director of Finance/Accountant’ Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***N.B: This clearance is valid for one month (for continuing students)***