THARAKA UNIVERSITY

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OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

STUDENT CLEARANCE FORM

(To be filled in triplicate)

Name: ……..…… Reg. No. ……...
Student Tel. No. ……. Email: …….
Course: ……. Date: ……
Department: ……..... Faculty: ……

The above-named student is graduating and/or leaving the University at the end of this semester. Please clear him/her before he/she leaves.

NO.	DEPARTMENT	ITEM (S)	COST OF ITEM (S)	SIGNATURE
1	CATERING			
2	TRANSPORT			
3	HALLS			
4	SECURITY			
5	LIBRARY			
6	MEDICAL			
7	STORES			
8	GAMES			
9	DEAN OF STUDENTS			
10	ICT DEPARTMENT			

12. Senior Accountant: …….. ……
Sign Date

13. Chairman of Department (HOD): …… ……
Sign Date

14. Dean of Faculty: …….. ……
Sign Date

FOR OFFICIAL USE ONLY

The student has paid KShs. …….. Receipt No …….. For fee Balance/ Lost item(s)

Senior Accountant: …… ……
Sign Date

Registrar (AA) Cleared/Not cleared: ……

Sign: ……. Date: ……