



MASENO UNIVERSITY

OFFICE OF THE DEPUTY REGISTRAR – ACADEMIC & STUDENT AFFAIRS STUDENTS CLEARANCE FORM

A. PERSONAL DETAILS

Name.....
Registration Number.....
National Identity Card.....
Reason(s) for Leaving.....
.....

Signature.....Date.....

B. SCHOOL DETAILS

Name of the School.....
Name of the Dean.....
Comments.....
.....

Signature.....Date.....

C. DEPARTMENTS WITHIN THE SCHOOL

(e.g. Geography, Zoology e.t.c)

(1).Department.....Name of Head.....
Comments.....
.....
Signature.....Date.....

(2).Department.....Name of Head.....
Comments.....
.....
Signature.....Date.....

(3).Department.....Name of Head.....



Comments.....
.....
Signature.....Date.....

(4).Department.....Name of Head.....
Comments.....
.....
Signature.....Date.....

(5).Department.....Name of Head.....
Comments.....
.....
Signature.....Date.....

D. TEACHING PRACTICE OR INDUSTRIAL ATTACHMENT CENTRE

Name of Clearing Officer.....
Comments.....
.....
Signature.....Date.....

E. DEAN OF STUDENTS OFFICE

Name of Clearing Officer.....
Comments.....
.....
Signature.....Date

F. GAMES DEPARTMENT

Name of Clearing Officer.....
Comments.....
.....
Signature.....Date

G. HEALTH SERVICES OFFICE

Name of Clearing Officer.....
Comments.....
.....
Signature.....Date



H. HOSTELS DEPARTMENT

Name of Clearing Officer.....
Comments.....
.....
Signature..... Date

I. CATERING OFFICE (CUTLERY

E.T.C)

Name of Clearing Officer.....
Comments.....
.....
Signature..... Date

J. LIBRARY (SURRENDER OF LIBRARY BOOKS, BORROWING TICKETS, ANY BOOKS LOST E.T.C

Name of Clearing Officer.....
Comments.....
.....
Signature..... Date

K. LIBRARY (SCHOOL OF GRADUATE STUDIES)

Name of Clearing Officer.....
Comments.....
.....
Signature..... Date

L. FINANCE DEPARTMENT

Name of Clearing Officer.....
Comments.....
.....
Signature..... Date

M. ACADEMIC REGISTRAR'S OFFICE

Name of Clearing Officer.....
Comments.....
.....



Signature.....Date

STUDENTS CLEARANCE FORM

