

KAIMOSI FRIENDS UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

CLEARANCE FORM (ON COMPLETION /TERMINATION OF STUDIES)

Fill in Triplicate (1. Registrar 2. Finance 3. Student's Copy)

	NAME:	REG. NO.
	DEPARTMENT:	SCHOOL/CENTRE:
	YEAR OF STUDY:	ACADEMIC YEAR:
1	CHAIRPERSON OF DEPARTMENT 1	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Name and Signature	Date and stamp
2	CHAIRPERSON OF DEPARTMENT 2 (For Education Students)	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Name and Signature	Date and stamp
3	DEAN OF SCHOOL	CLEARED/NOT CLEARED

KAFU/F/501/005

		KAFU/F/501/005
	Remarks	Charges Shs:
	Name and Signature	Date and stamp
4	LIBRARY	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Name and Signature	Date and stamp
5	HOSTELS	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Name and Signature	Date and stamp
6	GAMES AND SPORTS	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Name and Signature	Date and stamp

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7	DEAN OF STUDENTS	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Name and Signature	Date and stamp
8	CATERING	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Name and Signature	Date and stamp
9	HEALTH SERVICES UNIT	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Name and Signature	Date and stamp
10	EXAMINATIONS	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
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	Name and Signature	Date and stamp
11	FINANCE	CLEARED/NOT CLEARED
	Remarks	Charges Shs:
	Total Charges: 1-11 and outstanding Fees	KSHS:
	Name and Signature	Date and stamp
12	REGISTRAR (ACADEMIC AFFAIRS)	CLEARED/NOT CLEARED
	Remarks	
	Name and Signature	Date and stamp

NOTE: NO ACADEMIC DOCUMENTS WILL BE ISSUED IF THE CLEARANCE PROCESS IS INCOMPLETE.

