

THIKA SCHOOL OF MEDICAL AND HEALTH SCIENCES
STUDENT CLEARANCE FORM
 This form should be produced before collecting the certificate.



STUDENTS INFORMATION:

Name of the students:..... Admission Number:.....
 Department :..... Programme.....

DEPARTMENT:

Head of department:..... Signature:.....
 Cleared /not cleared Date
 comment

LIBRARY:

Librarian Signature
 Cleared /not cleared Date
 Comment:.....

DEAN OF STUDENTS:

Dean of Students :..... Signature :.....
 Cleared /not cleared Date
 comment

DEPUTY PRINCIPAL PLANNING AND ADMINISTRATION:

D.P.P.A:..... Signature :.....
 Cleared /not cleared Date
 comment

ASSISTANT REGISTRAR EXAMINATION

Examination Officer:..... Signature :.....
 Cleared /not cleared Date
 comment

ACCOUNTS

Accounts:..... Signature :.....
 Cleared /not cleared Date
 comment

REGISTRAR

Registrar:..... Signature :.....
 Cleared /not cleared Date
 comment

PRINCIPAL:

Principal:..... Signature :.....
 Cleared /not cleared Date

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comment