

THARAKA

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MARIMANTI, KENYA



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: