

THARAKA
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COLLEGE
(A Constituent College of Chuka University)

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 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			
9	GAMES			
10	DEAN OF STUDENTS			
11	COMPUTER CENTRE			

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 Ksh. Receipt No For fee Balance/Lost
item(s)

Sign
Senior Accountant Date

Cleared/Not cleared Registrar (AA) Sign Date