



STUDENT CERTIFICATE/TRANSCRIPTS CLEARANCE FORM

Name

Surname

First Name

Middle Name

Programme.....

Student Registration No:

National I.D. No.Telephone.....

Signature.....

Financial Clearance¹

Approved/Not Approved

Balance

Kshs _____

Sign _____ Date _____

Student Finance

Post Graduate School

Sign _____ Date _____

Head of Department

Registrar

Sign _____ Date _____

Head of Department