

MOI UNIVERSITY
ISO 9001 – 2008 CERTIFIED INSTITUTION

STUDENTS CLEARANCE FORM

- 1) All Areas indicated must be filled.
- 2) All Section Heads must sign and stamp.
- 3) Clearing Officer must write his/her full names.
- 4) This clearance form will be retained in the office of the Deputy Vice Chancellor (A,R&E) upon collection of certificate.

MANDATORY REQUIREMENTS & ATTACHMENTS

1. K.C.S.E. (Original/Copy)
2. ID/Passport (Original/Copy)
3. Fees Statement (Duly signed and stamped)
4. Graduation Regalia Form (Duly signed and stamped)
5. Payment for Graduation/Convocation fee (Bank slip) verified by Accountant, Students' Finance.

PART A: STUDENT'S DETAILS

NAME _____ ADM. NO: _____

CAMPUS _____ ID/NO. _____

SCHOOL _____ DEPARTMENT _____

HOSTEL _____ EMAIL _____

HOME ADDRESS: _____ TEL.NO. _____

PART B: ACADEMIC DIVISION

1. Head of Department

The student has/does not have any pending issue _____

Name of Clearing Officer _____

Signature _____ Date _____

2. Dean of School

The student has/does not have any pending issue _____

Name of Clearing Officer _____

Signature _____ Date _____

3. Librarian

The student has/does not have any pending issue _____

Name of Clearing Officer _____
Signature _____ Date _____

4. Bookshop Manager

The student has/does not have any pending issue _____
Name of Clearing Officer _____

Signature _____ Date _____

Name..... Adm. No.

5. Admissions Section:

The student was admitted under (JAB, PSSP, MATURE): specify: _____
The student has/does not have any pending admission issues _____
Name of Clearing Officer _____
Signature: _____ Date _____

PART C: STUDENTS' AFFAIRS

1. Hostels Officer

Name of Hostel _____ **Rm. No** _____ **Non Resident** _____
The student has/does not have any pending issue _____
Name of Clearing Officer _____
Signature _____ Date _____

2. Senior Catering Officer

The student has/does not have any pending issue _____
Name of Clearing Officer _____
Signature _____ Date _____

3. Games and Sports Department

The student has/does not have any pending issue _____
Name of Clearing Officer _____
Signature _____ Date _____

4. Dean of Students'

The student has/does not have any pending issue _____
Name of Clearing Officer _____
Signature _____ Date _____

5. Registrar (Students' Affairs):

The student has/does not have any pending issue _____
Name of Clearing Officer _____ Signature _____ Date _____

PART D: FINANCE DEPARTMENT

1. School Accountant:

(A) Fees cleared/not cleared (attach current fees statement) _____

(B) Graduation and Convocation fees paid/Not paid (Receipt No.) _____
Full Names of Accountant _____
Signature: _____ Date _____

2. Accountant – MUSACS:

The student has/does not have any pending issue _____
Full Names of Accountant _____
Signature: _____ Date _____

Name of student..... Adm. No.

3. Accountant - Students' Finance (Main Campus):

The student has/does not have any fees issue _____
Full Names of Accountant _____
Signature: _____ Date _____

PART E: OTHER SECTIONS

1. Campus Director/College Principal (where applicable)

The student has/does not have any pending issue _____
Name of Clearing Officer _____
Signature _____ Date _____

2. School Administrator

Graduation Regalia returned/not returned _____
Full Names of School Administrator _____
Signature: _____ Date _____

3. Examinations Department (Main Campus)

Clearance particulars and attachments verified by _____

Storage Fee (if applicable): Number of Years _____ Amount _____

Signature: _____ Date _____

PART F: CERTIFICATE SIGNING OUT DETAILS (FOR OFFICIAL USE)

Name of Graduate _____

Date of Graduation _____

Degree/Diploma Programme _____

Classification _____

Certificate Serial Number _____

Date of Collection _____ Signature _____

Issuing Officer _____

Name

Signature

N/B: All Students of College of Health Sciences to clear with their respective Departments and leave their School clearance forms in the office of the School

Dean.