

**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY****OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)****CLEARANCE FORM ON COMPLETION/TERMINATION OF STUDIES****COMPLETE IN TRIPLICATE (NO PHOTOCOPIES)**

NAME: \_\_\_\_\_ REG. NO: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ ID. NO: \_\_\_\_\_  
SCHOOL \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ PHONE. NO: \_\_\_\_\_  
PhD/ MASTERS//BACHELORS/ DIPLOMA/CERT \_\_\_\_\_

The above named is completing/terminating his/her studies with the University. This is to request you (on behalf of your Department/Faculty/School/Section) to certify his/her clearance, ensuring the return of all University property or completion of courses in his/her degree/degree.

Please certify the students' clearance with your signature and official rubber stamp

**NOTE:** No certificate/transcript(s) will be issued until the whole clearance form is duly filled.

S/No.	Section	Remarks cleared/Not cleared (reason where applicable)	Officer's Name	Signature	Official Stamp & Date
1.	<b>SCHOOL</b> <ul style="list-style-type: none"><li>• Dean</li></ul>				
2.	<b>LIBRARY</b> <ul style="list-style-type: none"><li>• Librarian</li></ul>				
3.	<b>STUDENTS AFFAIRS</b> <ul style="list-style-type: none"><li>• Dean of Students</li></ul>				
	<ul style="list-style-type: none"><li>• Hostels Officer</li></ul>				
	<ul style="list-style-type: none"><li>• Games &amp; Sports</li></ul>				
4.	<b>FINANCE</b> <ul style="list-style-type: none"><li>• Student Finance</li></ul>				
5.	<b>REGISTRAR (ACADEMIC AFFAIRS)</b> <ul style="list-style-type: none"><li>• Admissions Office</li></ul>				

Approved for Use .....  
Registrar (Academic Affairs)

*[Signature]*  
MASINDE MULIRO UNIVERSITY OF  
SCIENCE & TECHNOLOGY  
P. O. Box 190 - 50100, KAKAMEGA. (K)  
Date: 4/10/23 sign: .....