



MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

CLEARANCE CERTIFICATE ON COMPLETION/TERMINATION OF STUDIES

COMPLETE IN TRIPLICATE (NO PHOTOCOPIES)

NAME: _____ REG. NO: _____
EMAIL: _____ ID. NO: _____
SCHOOL _____
DEPARTMENT: _____ PHONE. NO: _____
CERT/DIPLOMA/DEGREE/MASTERS/PhD _____

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.

Table with 6 columns: S/No., Section, Remarks cleared/Not cleared reason where applicable, Officer's Name, Signature, Official Stamp & Date. Rows include SCHOOL (Dean), LIBRARY (Librarian), STUDENTS AFFAIRS (Dean of Students, Hostels Officer, Games Tutor), FINANCE (Finance Officer), and REGISTRAR (ACADEMIC AFFAIRS).

END
REGISTRAR (AA)
MASINDE MULIRO UNIVERSITY OF SCIENCE & TECHNOLOGY
P. O. Box 190 - 50100, KAKAMEGA.
Date:.....sign:.....
Revised & Approved for use
AA RAA 1/11/2022