

LAIKIPIA



UNIVERSITY

P.O. Box 1100-20300,
 NYAHURURU,
 KENYA

TEL: +254-(0)20-2671779, 20-2671771,
 Cell: 0729285902, 0729281902
 raa@laikipia.ac.ke; www.laikipia.ac.ke

**OFFICE OF THE REGISTRAR
 (ACADEMIC AFFAIRS)
STUDENT CLEARANCE FORM**

(To be filled in duplicate and Attach copy of National ID)

NAME:REG NO: TEL NO.....

PROGRAMME:DATE.....

The above-named student is about to graduate and leave the university at the end of this semester.
 Please clear him/her before he/she leaves

S/NO	DEPARTMENT	ITEM(S) LOST	COST OF ITEM(S)	SIGNATURE
1.	DEAN (EDUC) (HDS) (SSAT) (BUSINESS) OR DIRECTOR (TVET)			
2.	DEAN OF STUDENT			
3.	LIBRARY			
4.	COMTECH			
5.	TRANSPORT			
6.	ICT			
7.	GAMES			
8.	CATERING			
9.	HALLS			
10.	ESTATES			
11.	SECURITY			
12.	FARM			

FINANCE: i. Fees Balance Ksh

ii. Others Ksh

Sign Date:

I/C Student Finance

FOR OFFICIAL USE

Cleared/ Not Cleared:

Sign:

Registrar (Academic Affairs)