

**UNIVERSAL COLLEGE OF AFRICA**



**STUDENT CLEARANCE FORM**

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First Name                      Middle Name                      Last Name (as in form IV certificate)

Reg No: ..... Course..... Campus.....

Gender..... Phone number..... Date of birth .....

Citizenship.....Date of graduation .....Email .....

Student signature.....

**To be assigned as per sequence below**

OFFICE	OFFICER IN CHARGE	ITEMS TO BE CLEARED	SIGNATURE	DATE
librarian		Student ID collection, library services etc		
Academic		Completed Required Programme Units		
Bursar		Proof of payment of all college fees		
Dean of students		Dues related to Hostel		

I certify that the above-named student is cleared/not cleared, and his/her certificate and transcript should be withheld/not withheld.

Signature (Coordinator) .....NAME.....DATE.....