

# YUSUF MAITAMA SULE UNIVERSITY, KANO

## OFFICE OF THE VICE CHANCELLOR (STUDENT AFFAIRS DIVISION)

### STUDENT CLEARANCE FORM

(To be completed in duplicate by graduating students)

NAME OF STUDENT----- REG. NO.-----

FACULTY:----- DEPT:----- PROGRAMME:-----

#### REASON(S) FOR LEAVING THE UNIVERSITY:

- GRADUATION ( )
- EXPULSION ( )
- WITHDRAWAL/VOLUNTARY WITHDRAWAL ( )
- INTER-UNIVERSITY TRANSFER ( )

CONTACT ADDRESS:-----

E-MAIL:----- GSM No.:-----

#### HEAD OF DEPARTMENT:

HOD'S SIGNATURE:----- DATE:-----

#### HEAD COACH:

I CERTIFY THAT ALL SPORTS EQUIPMENT IN HIS/HER POSSESSION HAS BEEN RETURNED.

HEAD COACH'S SIGNATURE:----- DATE:-----

#### DIRECTOR OF HEALTH:

I CERTIFY THAT HIS/HER NAME HAS BEEN DELETED FROM OUR REGISTER.

DIRECTOR'S SIGNATURE:----- DATE:-----

#### UNIVERSITY LIBRARIAN:

I CERTIFY THAT ALL LIBRARY BOOKS IN HIS/HER POSSESSION HAVE BEEN RETURNED.

LIBRARIAN'S SIGNATURE:----- DATE:-----

#### BURSAR: I CERTIFY THAT THE CANDIDATE IS NOT INDEBTED TO THE UNIVERSITY

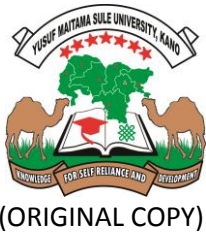
BURSAR'S SIGNATURE:----- DATE:-----

#### STUDENTS' AFFAIRS:

DEAN'S SIGNATURE:----- DATE:-----

#### ACADEMIC SECRETARY:

ACADEMIC'S SECRETARY SIGNATURE:----- DATE:-----



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