

B.S.C.L.



Brothers of St. Charles Lwanga

WATOTO WA LWANGA PROJECT
St Charles Lwanga Vocational Training



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STUDENT CLEARANCE FORM

1. All areas indicated must be filled
2. All section heads must sign and stamped
3. Clearing officer must write his/her full names
4. This clearance form will be retained in the office of the accounts upon collection of certificate/results slip

PART A: STUDENT'S DETAILS

NAME.....ADM NO.....

DEPARTMENT.....LEVEL OF LEARNING.....

HOME ADDRESS.....TEL.NO.....

ID NO.....

PART B: ACADEMIC DIVISION

1. Head of Department

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

2. Dean of School

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

3. Librarian

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

4. Admissions Section

5. The student was admitted (Self, Partially sponsored, fully sponsored)

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PART C: STUDENTS' AFFAIRS

1. Job linkage Officer

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

2. Games and Sports Department

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

3. Dean of Students

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

4. Social worker(Students 'Affairs)

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

PART D: FINANCE DEPARTMENT

1. School Accountant

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

PART E: OTHER SECTIONS

1. College Principal

The student has/does not have any pending issue.....

Name of clearing officer.....

Signature.....Date.....

PART F: CERTIFICATE SIGNING OUT DETAILS (FOR OFFICIAL USE ONLY)

Name of graduate.....

Date of graduation.....

Certificate /results Slip.....

Classification.....

Certificate serial number.....

Date of collection.....Signature.....

Issuing officer.....Name.....Signature.....