



website:
www.garissauniversity.ac.ke

email:
registrar_asa@gau.ac.ke

GARISSA UNIVERSITY
OFFICE OF THE REGISTRAR
ACADEMICS & STUDENTS' AFFAIRS

P. O. Box 1801-70100,
Garissa, KENYA

email:
admissions@gau.ac.ke

CLEARANCE FORM

(Fill the form in quadruple)

1. Personal Information (in Capital Letters)

2. Name (KCSE) _____ Gender _____ Reg. No. _____

3. Mobile No. _____ County _____ Location _____

4. Department _____ Programme(eg. BBM) _____ Year of Study _____

5. Mode of Study (√Tick as appropriate); Regular [] Weekends [] Part time []

6. Student's Signature _____ National ID _____ Date _____

7. Department's Office

I have confirmed the above registered in the Department of _____ has been cleared.

HoD's Name _____ sign _____ Stamp&Date _____

8. School' Office

The above is fully cleared from the School of _____

Dean's Name _____ Sign _____ Stamp&Date _____

9. Dean of Students' Office

This student is fully cleared from this office.

Dean's Name _____ Sign _____ Stamp&Date _____

10. University Library

Lost Book(s) _____ Library Charges due: K.Shs _____

I have confirmed the student has returned all Library books and de-registered as student in the system

Name of Verifying Officer _____ Sign _____ Stamp&Date _____

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11. Hostels' Office

Hostel _____ Room No. _____ Charges the student owe in K.shs. _____

I have confirmed the student has fully cleared with the Hostel's Store.

Name of Verifying Officer _____ Sign _____ Stamp&Date _____

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12. Admission's Office

I confirm the student has fully cleared with all Academic Sections and has returned the GaU Student's ID.

Name of Verifying Officer _____ Sign _____ Stamp&Date _____

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13. Students' Finance Office

Outstanding University :Fees K.Shs _____

Outstanding Accommodation Fees: K.Shs. _____

Other Outstanding Charges: K.Shs _____

I have confirmed the student has fully cleared all monies owned to Garissa University.

Name of Verifying Officer _____ Sign _____ Stamp&Date _____

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14. Registrar(Academics & Students' Affairs) Office

Clearance is endorsed ...Yes []...No []

Name of Verifying Officer _____ Designation _____

Signature _____ Stamp&Date _____

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Important: Distribute copies to the following Offices:

1. Dean of Students'
2. School/Department Registered
3. Students' Finance
4. Admissions' Office (Student's File)