

**KIBABII UNIVERSITY**  
**OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS**

**CLEARANCE CERTIFICATE ON COMPLETION/TERMINATION OF STUDIES**

COMPLETE IN TRIPLICATE (NO PHOTOCOPIES)

Name:.....Reg. No.....

Faculty/School:.....Department:.....

Programme:..... Academic Year:.....

Tel:..... Students' Signature:.....Date:.....

The above named is completing/terminating his/her studies with the University. This is to request you (on behalf of your Department/Faculty/Section) to certify his/her clearance, ensuring the return of all University property or the completion of courses in his/her Degree/Diploma programme.

Please certify the students' clearance with your signature and official stamp.

**NOTE:** - No certificate will be issued until the whole clearance certificate is completed.

S/NO	Section	REMARKS: Cleared/Not Cleared Indicate Reason where applicable	Signature and Official Stamp	Date
1.	Confirm Order of Names			
2.	Department – COD			
3.	Faculty/School – Dean			
4.	Library – Librarian			
5.	Catering – Catering Officer			
6.	Hostel – Hostel Officer			
7.	Games & Sports – In-Charge			
8.	Student Affairs – Dean			
9.	Security Department			
10.	Examinations Office – In-Charge			
11.	Finance Office – Finance Officer			
12.	Registrar, Academic Affairs			

END



**Kibabii University ISO 9001:2015 Certified**