

TRAINEE GENERAL CLEARANCE FORM

Trainee's Name: **Adm. No:**

Department: **Class:**

Date of Admission: **Date of Leaving:**

No.	Department/Section	Name of Clearing Officer	Signature	Date	Remarks
1.	Head of Department				
2.	Physical Education				
3.	House Keeping				
4.	Library				
5.	Dean of Students				
6.	Internal Audit				
7.	Teaching Practice				
8.	Registry				

NOTE:

1. This clearance form to be completed in duplicate and one copy surrendered to the Registry.
2. All students upon completion of course or when leaving the college permanently must ensure that they have been cleared from **ALL** the sections above.
3. You must present this form to the Examinations office for you to be issued with your academic certificate.