

# ALUPE UNIVERSITY

OFFICE OF THE DEPUTY VICE CHANCELLOR (ARSA)

**STUDENTS' CLEARANCE FORM- TO BE FILLED IN DUPLICATE**  
**FILL AND DELETE AS APPROPRIATE**

1. Part A to be completed by the student
2. Part B1 to be completed by the Students' Admissions Office
3. Part B2 to be completed by the Examinations Office
4. Part B3 to be completed by the Medical Officer
5. Part B4 to be completed by the Heads of Department (School)
6. Part B5 to be completed by the Dean of School
7. Part B6 to be completed by the Librarian
8. Part B7 to be completed by the Catering Officer
9. Part B8 to be completed by the Estates Department
10. Part B9 to be completed by the Dean of Students
11. Part B10 to be completed by the Students' Finance Office
12. Part C to be completed by the Finance Officer
13. Part D to be completed by the Deputy Vice Chancellor (AFD)
14. Part E to be completed by the Deputy Vice Chancellor (ARSA)
15. Part F to be completed by the Vice Chancellor

(Before processing the certificate)

**PART A: BY STUDENT**

Name of Student: .....  
(Surname) (Other names)  
Registration No.: ..... Hostel: .....  
Department: ..... School: .....  
Employer: .....  
Address: .....  
Tel. No.: .....  
Email address: .....  
National Identification (ID) No.: .....

**PART B1: BY ADMISSIONS OFFICE**

I certify that all records have been checked and the following are still in possession

VALUES

	Kshs	Cts
1.		
2.		
3.		
Total value of outstanding possession in Ksh. ....		

Name: .....  
Signature of Head of Department: ..... Date: .....  
Rubber Stamp

**PART B2: BY EXAMINATIONS OFFICE**

I certify that all records have been checked and the following are still in possession  
VALUES

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Name: .....

Signature of Head of Department: ..... Date: .....

Rubber Stamp

**PART B3: BY MEDICAL OFFICER**

I certify that all records have been checked and the following are still in possession  
VALUES

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Name: .....

Signature of Head of Department: ..... Date: .....

Rubber Stamp

**PART B4: BY HEAD OF DEPARTMENT (School – SHS, SSTE, SESS, SBEHRD)**

I certify that all records have been checked and the following are still in possession  
VALUES

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Name: .....

Signature of Head of Department: ..... Date: .....

Rubber Stamp

**PART B5: DEAN OF SCHOOL (SHS, SSTE, SESS, SBEHRD)**

I certify that all records have been checked and the following are still in possession  
VALUES

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Dean of School: .....

Date: ..... Signature: .....

Rubber Stamp

**PART B6: LIBRARIAN**

I certify that all records have been checked and the following are still in possession  
VALUES

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Name: .....

Date: ..... Signature: .....

Rubber Stamp

**PART B7: CATERING OFFICER**

I certify that all records have been checked and the following are still in possession  
VALUES

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Name:.....

Date: ..... Signature: .....

Rubber Stamp

**PART B8: ESTATES DEPARTMENT**

I certify that all records have been checked and the following are still in possession  
VALUES

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Name: .....

Date: ..... Signature: .....

Rubber Stamp

**PART B9: DEAN OF STUDENTS**

I certify that all records have been checked and the following are still in possession  
VALUES

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Name: .....

Date: ..... Signature: .....

Rubber Stamp

**PART B10: STUDENTS' FINANCE OFFICE**

I certify that all records have been checked and the following items are still in possession/debts are still owed to Finance Department

**VALUES**

	Kshs	Cts
1.		
2.		
Total value of outstanding possession in Ksh. ....		

Name: .....

Date: ..... Signature: .....

Rubber Stamp

**PART C: BY THE FINANCE OFFICER**

i. CAUTION MONEY PAYMENT

**BANK DETAILS**

Beneficiary Name: .....

Bank Name: .....

Branch: .....

Branch Code: .....

Account Number: .....

ii. The student owes/does not owe any outstanding possession to the following departments

(Delete as applicable)

1. Admission Office .....
2. Examination Office .....
3. Department .....
4. School .....
5. Library .....
6. Hostels .....
7. Games .....
8. Catering .....
9. Estates .....
10. Students, Finance .....
11. Dean of Students .....
12. Caution money details.....

**TOTAL**

The payment has been paid.

Date: ..... Receipt No.: .....

**CONFIRMED BY:** .....

**(FINANCE OFFICER)**

Rubber Stamp

**PART D: DEPUTY VICE CHANCELLOR (AFD)**

I certify that all records have been checked and the following are still in possession  
**VALUES**

	Kshs	Cts
1.		
2.		
3.		
Total value of outstanding possession in Ksh. ....		

Date: ..... Signature: .....

Rubber Stamp

**PART E: DEPUTY VICE CHANCELLOR (ARSA)**

I certify that all records have been checked and the following are still in possession  
**VALUES**

	Kshs	Cts
1.		
2.		
3.		
Total value of outstanding possession in Ksh. ....		

Date: ..... Signature: .....

Rubber Stamp

**PART F: FOR OFFICIAL USE ONLY**

COMMENTS BY THE VICE CHANCELLOR (To be filled before the processing of the Degree certificate)

**Delete as appropriate.**

1. There is no claim against the student
2. There is a claim which has to be settled by the student and the Head of Finance should confirm as soon as it is paid.

**Signature:** .....

**(VICE CHANCELLOR)**

**Authority to issue Certificate**

**Signature:**

.....

**VICE CHANCELLOR**