

**KIBABII UNIVERSITY**  
SCHOOL OF GRADUATE STUDIES

**GRADUATE CLEARANCE FORM**

A Candidate must ensure safe return of all University property/equipment/books etc. entrusted to his or her during the period of studies, before collection of certificate. All units below kindly assure that the candidate is not materially indebted to your department.

Name of candidate: .....

Registration Number: .....

Department/Faculty/school.....

Degree registered for:.....

Residential  Non- residential

If residential, indicate the name of Hall/Residence.....

Current Address: .....  
.....

Date of graduation:.....

1. Comments of Dean of students:

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

2. Comments by University Librarian:

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

3. Comments by Supervisor:

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

4. Comments by Heads of Departments

- (1) .....
- (2) .....
- (3) .....
- (4).....

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

5. Comments by Dean of Faculty:

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

6. Comments by Dean School of Graduate Studies:

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

7. Comments by Examinations Officer:

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

**This form should be filled in quadruplicate**