## MBEYA UNIVERSITY OF SCIENCE AND TECHNOLOGY



## STUDENT'S CLEARANCE FORM

This	form must be filled by every student u	pon completion or pos	tponement of studies at t	he University.	
Stude	ent's Full Name:	Reg. No:			
Stude	ent's Mobile Phone:	Name of the College:			
		Course:			
Status of Accommodation: In-Campus			Off-Campus		
		om No Academic year Admitted:			
i iaii (	or Residerice Not	JIII INO	Academic year Admitted		
WITNESSED BY:					
S/NO	DEPARTMENT/SECTION	UNCLEAR ITEM	NAME OF OFFICER	SIGNATURE	DATE
1	MUSTSO				
2	Library				
3	Departmental Workshop(s)				
4	Departmental Laboratories				
5	Head of Department				
6	Catering Office (for Diploma only)				
7	Sports and Games				
8	Accommodation				
9	Head of Students Governance				
10	Accounts office				
COMMENT OF THE DIRECTOR OF UNDERGRADUATE STUDIES (DUS)  The student has CLEARED/NOT cleared.  Name: Signed: Date:					
COMMENT OF THE DIRECTOR OF STUDENT SERVICES (DSS)  This student has cleared as per the information above and can be issued his/her academic documents.					
Name:		Signed:	Signed: Date:		