

GREAT LAKES UNIVERSITY OF KISUMU OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS

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STUDENTS CLEARANCE FORM

Name	••••••	•••••	Date	•••••	Sign
Registration No Date of Exit					
Reason(s) for Leaving					
DEPARTMENTS	NAME (HOD)	DATE	COMMENTS	SIGN	LIST OF ITEMS UNRETURNED
Library					
ICT					
Enterprise (Cafeteria/farm/Hostel)					
Dean of students					
Stores					
Health Services					
GLUKSO (Chairperson)					
Registrar Administration					
Dean, School/Faculty					
Academic Department					
Finance					
Registrar Academic Affairs					
(DVC, AAR)			Sign	Date	≥
			J		

N/B: Duly completed form in 5 copies: Original-Accounts; Examinations Office; Dean Faculty/School, Library and self (Student ID to be returned during collection of certificate & transcripts)