



Vice Chancellor's Office
 UMARU MUSA YAR'ADUA UNIVERSITY
 PMB 2218, Katsina.
 Student Affairs Division
 E: studentaffairs@umyu.edu.ng



VICE CHANCELLOR: *Prof. IdrisIshFuntua*
 Ag. DEAN: *Dr. Sulaiman Sani Kankara*

STUDENT'S CLEARANCE FORM

SURNAME	NAME
<input type="text"/>	<input type="text"/>
MIDDLE Name	
<input type="text"/>	
Registration Number	Course Title
<input type="text"/>	<input type="text"/>
Department	Faculty
<input type="text"/>	<input type="text"/>

Reason for Leaving:.....*Sign/Date:*.....

***I certify that he/she has submitted all Departmental Books/Materials and is therefore cleared.**

Head of Department: _____ Date: _____

***I certify that he/she has submitted all Faculty Books/Study Materials and is therefore cleared.**

Dean of Faculty: _____ Date: _____

***I certify that he/she has submitted all Library Books/Materials and is therefore cleared.**

University Librarian _____ Date: _____

***I certify that he/she has satisfied all Medical Services requirements and is therefore cleared.**

Medical Director _____ Date: _____

***I certify that he/she has submitted all Sports Materials and is therefore cleared.**

Director Sports _____ Date: _____

***I certify that he/she has submitted all Hostel Materials and is therefore cleared.**

Hall Administrator _____ Date: _____

Dean Student Affairs: _____ Date: _____

***I certify that he/she has paid all fees in the University and is therefore cleared.**

Bursar _____ Date: _____

*Remarks of the Academic Secretary:

Remarks: _____ Sign/Date _____