

**NYARKOTEY UNIVERSITY COLLEGE OF
HOLISTIC MEDICINE & TECHNOLOGY
DIRECTORATE OF ACADEMIC AFFAIRS**

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Box CS 8036



Tema C7

Email: collegeofholisticmedicine@gmail.com

STUDENT CLEARANCE FORM

INSTRUCTIONS TO STUDENT:

This form must be completed in full and returned to Directorate of Academic Affairs for collection of certificate

Student Name: _____ School: _____

Student ID: _____ Department: _____

Student's Status: Regular Top Up Sandwich Post Graduate

DEPARTMENT	AUTHORISED SIGNATURE	
PRESIDENT	Date: _____ _____ President	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
	Date: _____ _____ Assist. Registrar (Student Affairs)	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
HEAD OF DEPARTMENT	Date: _____ _____ Head of Department	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
	Date: _____ _____ School Officer	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
LIBRARY	Date: _____ _____ Assist. Librarian	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
	Date: _____ _____ Assist. Accountant (Student Accounts)	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
RETURN OF ACADEMIC GOWN	Date: _____ _____ School Officer	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>

STATEMENT OF CLEARANCE

I have satisfied all financial obligations and returned all equipment, tools, books, files, academic gown, and NUCHMT tangible property.

Signature of Student: _____

Phone No: _____

Date: _____

