



REVENUE

CERTIFICATE/RESULT SLIPS CLEARANCE FORM (ZU/CEP)

Reference

F-13-3

Issue/Rev.

1/2

Student's Name:		Reg No /Adm No:	
Course:		Department:	
Mobile No:	E-mail:		
Campus:	Module:	Exam Series:	

EXAMINING BODY (Tick appropriately)

ZU  KNEC  CITY & GIULDS  ABE  ICM

**FOR OFFICIAL USE ONLY:**

The officials should ascertain that the student has no arrears with the University.

- |                                      | <u>NAMES</u> | <u>(SIGNATURE)</u> | <u>DATE</u> |
|--------------------------------------|--------------|--------------------|-------------|
| 1. LIBRARIAN:                        | .....        | .....              | .....       |
| 2. HEAD OF DEPARTMENT (GOWN STATUS): | .....        | .....              | .....       |
| 3. BRANCH ACCOUNTANT:                | .....        | .....              | .....       |
| 4. ADMINISTRATION MANAGER:           | .....        | .....              | .....       |
| 5. RECORDS OFFICER                   | .....        | .....              | .....       |

Date of issue ..... Signature .....

(THIKA ROAD CAMPUS)

**NB:**  
For a period of one year after the release of results, the storage charges will be incurred for the uncollected certificates for every student. The student affected will be required to settle their dues with the college and then pay Kshs 1,000 for the storage fee of their certificates, which will be subject to increment of Kshs 100 per month after the lapse of the year.

Activity	Responsibility	Signature	Date
Prepared by:	Management Representative		22/06/2015
Approved by:	Vice Chancellor		22/06/2015