

SD DOMBO UNIVERSITY OF BUSINESS AND INTEGRATED DEVELOPMENT STUDIES (UBIDS)

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[OFFICE OF THE REGISTRAR]

POSTGRADUATE CLEARANCE FORM



*Note: Your clearance will be required together with graduation fees pay in slip and copy of valid ID card during collection of certificates to confirm that student has been duly cleared.

2	DATE: ID NO: NAME: PROGRAMME:
	FACULTY:
	HEAD OF DEPARTMENT/COORDINATOR
A.	
SIGNATURE:	Date:
HoD *The above student has the department.	successfully completed and submitted final copy of his/her Thesis Dissertation /Term-paper to
1	DIRECTORATE OF FINANCE
В.	
SIGNATURE:	Date:
Director of Finance	
	ne above student has paid all academic facility user fees in full and does not owe the university
any money.	TATIVED CITY I IND A DV
C.	UNIVERSITY LIBRARY
С.	
SIGNATURE:	Date:
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*This is to testify that th	ne above student returned all books and reading materials borrowed from the library.
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SIGNATURE:	Date:
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