



UNIVERSITY OF BUSINESS AND INTEGRATED DEVELOPMENT STUDIES (UBIDS)

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[SCHOOL OF GRADUATE STUDIES]

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.

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 PHOTO	DATE: _____
	ID NO: _____
	NAME: _____
	PROGRAMME: _____
	FACULTY: _____
HEAD OF DEPARTMENT/COORDINATOR	
A.	
SIGNATURE: _____ Date: _____	
HoD	
<i>*The above student has successfully completed and submitted final copy of his/her Thesis Dissertation /Term-paper to the department.</i>	
DIRECTORATE OF FINANCE	
B.	
SIGNATURE: _____ Date: _____	
Director of Finance	
<i>*This is to testify that the above student has paid all academic facility user fees in full and does not owe the university any money.</i>	
UNIVERSITY LIBRARY	
C.	
SIGNATURE: _____ Date: _____	
Librarian	
<i>*This is to testify that the above student returned all books and reading materials borrowed from the library.</i>	
DEAN OF SCHOOL OF GRADUATE STUDIES / SCHOOL OFFICER	
D.	
SIGNATURE: _____ Date: _____	
Dean of Graduate School	
<i>*This is to testify that the above student returned all books and reading materials borrowed from the library.</i>	