



KENYA METHODIST UNIVERSITY

P.O Box 267 60200 – Meru, Kenya,
E-mail: academic.registrar@kemu.ac.ke

Tel: +254-064-30301-31229, +254(0) 724256162
Website: www.kemu.ac.ke

FINAL YEAR CLEARANCE/WITHDRAWAL FORM

Fill in duplicate – Student's File Copy and Student's Copy to be presented when receiving final transcripts and certificates

SECTION A: STUDENT'S PERSONAL DATA

Name:

(As it appears on your K.CS.E /other Academic documents)

Registration Number: National ID/ Passport No.....

Tel. No.:Postal Address:Email:

Department..... Programme:

Purpose of clearance: **Graduating** ☐ **Discontinued** ☐ **Withdrawing** ☐

SECTION B: CLEARANCE BY DEPARTMENTS/SECTIONS

DEPARTMENT/SECTION	REMARKS	HEAD OF DEPARTMENT/SECTION		
		Name	Sign	Date
Teaching Department				
Student Welfare & Sports				
Accommodation				
Alumni Office				
Library				

SECTION C: STUDENT'S RECORDS OFFICE

I confirm that:

- Student's ID card: surrendered ☐ Not surrendered ☐ If not surrendered, finance to charge KSh:
- The student file is available ☐ Not available ☐ Complete ☐ Incomplete ☐

Name Signature & Date (Stamp)

SECTION D: STUDENTS' FINANCE

Item	Amount (KSh.)
Outstanding Fees	
Graduation Fees Paid	
Room Key Deposit	
Less Liabilities	
Caution Money	
Total Refundable	

I have confirmed the above financial information is correct as per the Financial System in place.

Name Signature & Date (Stamp)

SECTION E: DECLARATION BY STUDENT

I hereby confirm that the above personal details are correct and that my certificate will bear the full name **as indicated above**.
Attach a fee statement that has been verified, duly signed and stamped on each page by Finance and has zero balance.

Student's signature: Date:

SECTION F: STUDENT'S RECORDS OFFICE

I confirm that the student has submitted clearance forms and all other required documents

Name Signature & Date (Stamp)