



SOKOINE UNIVERSITY OF AGRICULTURE
Office of the Dean of Students
P.O. Box 3033, Chuo Kikuu, Morogoro, Tanzania
TEL: +255 – 023 – 263511/4: Ext. 4105 or 4106
E-mail: dos@ac.tz

CLEARANCE FORM FOR STUDENTS

FULL NAME

MOBILE NO:

REG. NO.:

DATE:

1. SUA HAB

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Amount

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Signature

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Date

2. LIBRARY

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Amount

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Signature

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Date

3. BURSAR

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Amount

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Signature

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Date

I certify that the above named student is cleared.

DEAN OF STUDENTS