



CERTIFICATE COLLECTION FORM

NAME OF STUDENT.....
REG.NO.....
DATE.....

PLEASE CERTIFY WHETHER THE STUDENT NAMED ABOVE OWES/DOES NOT OWE
THE UNIVERSITY COLLEGE AND IS THEREFORE CLEARED/NOT CLEARED TO
COLLECT HIS/HER DEGREE CERTIFICATE.

1. PRINCIPAL/CAMPUS

INCHARGE Cleared/not cleared

SIGNATUREDATE.....

2. FINANCE OFFICER: CLEARED

NOT Cleared

If not cleared, please provide reason.....

SIGNATURES.....DATE.....

3. REGISTRAR (*DEANS OF ACADEMIC*)

APPROVED for collection

NOT Approved

If not approved, please provide reason.....

SIGNATURES.....DATE.....

4. ISSUING OFFICER

NAME.....SIGNATURE.....DATE.....

5. ACKNOWLEDGEMENT (to be filled by graduate)

This is to certify that I (Name) ID/Passport/Huduma
No..... have collected my certificate Serial Number.....

Classification.....
(1st class Hons, Upper/Lower, Distinction, Credit, Pass)

Which was awarded in

.....

(Date of graduation)

Signature.....Date.....Stamp