



MINISTRY OF EDUCATION
STATE DEPARTMENT OF VOCATIONAL AND TECHNICAL TRAINING
MASINGA TECHNICAL AND VOCATIONAL COLLEGE



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REF:MTVC/ADM/F2

COURSE COMPLETION CLEARANCE FORM

This form should be filled in quadruple (2Copies)

TRAINEE'S NAME:ADM/No:

ID NO.: Mobile No.:

COURSE/PROGRAMME: DEPARTMENT:

EXAM BODY: EXAM SERIES PREVIOUSLY DONE:
(Trainee to Indicate).

COURSE LEVEL BEING CLEARED _____ Sign _____ DATE _____

WOULD YOU LIKE TO PROGRESS TO THE NEXT LEVEL OF YOUR COURSE? (FOR ARTISAN AND CRAFT TRAINEES) YES/NO.....

If yes, request for the course progression application.

DEPARTMENT/SECTION	REMARKS (e.g. Particulars of Items Not Surrendered)	CLEARED BY:		
		NAME	DATE	SIGN
Electrical Department				
Hospitality and IM				
ICT/Computer Studies				
Mechanical Engineering				
Building Department				
Business Department				
Liberal Department				
Agriculture & Environmental Studies				
Applied Sciences				
Examination Office				

Dean of Students				
Sports Section				
Industrial Liaison Office				
Registrar				
Account's Office				
Deputy principal academics				
Deputy Principal Administration				

PRINCIPAL

I certify that the above trainee has no liabilities with the college.

NAME: SIGN: DATE:

Completion of the clearance exercise, the forms should be distributed as follows:

1. First copy to be taken to students file (Registry section).
2. 2nd copy to be retained by the trainee