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## END OF MODULE CLEARANCE FORM

*This form should be filled in Duplicate ( 2Copies)*

TRAINEE'S NAME: .....ADM/No: .....

ID NO.: ..... Mobile No.:.....

COURSE/PROGRAMME: ..... DEPARTMENT : .....

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

MODULE BEING CLEARED \_\_\_\_\_ Sign \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT/SECTION	REMARKS (e.g. Particulars of Items Not Surrendered)	CLEARED BY:		
		NAME	DATE	SIGN
Head of section				
<b>Head of department</b>				
Examination Office				
Dean of Students				
Sports Section				
Account's Office				
Registrar				
Deputy principal academics				

**Deputy Principal Administration/Principal**

I certify that the above trainee has no liabilities with the college and can be issued with their result slips.

NAME: ..... SIGN: ..... DATE: .....

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

1. First copy to be taken to students file (admission office)
2. Second copy is to be retained by the student.