BABCOCK UNIVERSITY

OFFICE OF THE REGISTRAR
ILISHAN-REMO, OGUN STATE

ORIGINAL COPY

GRADUATING STUDENT'S FINAL CLEARANCE FORM

PART A: (PERSONAL DETAIL)

NAME: ……. ……. …….
SURNAME FIRST NAME MIDDLE NAME

MATRIC No: …….. DEPARTMENT: …… COURSE: ……

GENDER: Male: ..... Female: …….. GSM No: …… BURSARY ACCOUNT NUMBER: ……

DATE OF BIRTH: (e.g. dd/mm/yyy) …… DATE OF GRADUAGTION: (e.g. December 2015) ……

PART B: (STUDENT WORK STUDY PROGRAM)

EMPLOYMENT DEPARTMENT ……..

NAME OF SUPERVISOR: ……. SIGNATURE: ……

PART C: (DEPARTMENTAL AND SCHOOL CLEARANCE)

	CLEARING OFFICER'S NAME	SIGNATURE	DATE
H. O. D.	……	……	……
BURSARY	……	……	……
LIBRARY	……	……	……
BOOKSHOP	……	……	……
E. G. WHITE	……	……	……
BUTH	……	……	……
ALUMNI	……	……	……
SECURITY	……	……	……
VPSD	……	……	……

SCHOOL OFFICER (Tick the options as appropriate and sign below)

Cleared for (a) Citizenship ☐ (b.) Graduation Exercise ☐

	……	……	……
REGISTRAR	……	……	……

CLEARANCE SIGNING MUST BE COMPLETED AND SUBMITTED BEFORE CERTIFICATE/PERSONAL TRANSCRIPT CAN BE ISSUED