



SOKOINE UNIVERSITY OF AGRICULTURE
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CLEARANCE FORM FOR STUDENTS UNDER SNAL

FULL NAME:
REG. NO.:

MOBILE NO:
DATE:

1. DEPARTMENT OF KNOWLEDGE MANAGEMENT

2. DEPARTMENT OF INFORMATION & RECORDS MANAGEMENT

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Amount Signature Date

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Amount Signature Date

3. DEPARTMENT OF REFERENCE & COMMUNITY INFORMATION SERVICES

.....
Amount Signature Date

4. SPORTS & GAMES DEPARTMENT

5. BURSAR

.....
Amount Signature Date

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Amount Signature Date

6. SUASAB

7. DEAN OF STUDENTS

.....
Amount Signature Date

.....
Amount Signature Date

I certify that the above named student is cleared

DEAN OF STUDENTS