



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:

SEX: Male: Female: GSM No: BURSARY ACCOUNT NUMBER:

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

PART B: (STUDENT WORK STUDY PROGRAM)

EMPLOYMENT DEPARTMENT:

NAME OF SUPERVISOR: SIGNATURE:

PART C: (DEPARTMENTAL CLEARANCE)

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

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