



KENYA INSTITUTE OF MASS COMMUNICATION

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GRADUATION CLEARANCE FORM

(Ref: Section 12.0 of the Academic Policy)

Name: Adm. No.

Dept:

Course (PGD/DIP/Cert):

Mode: Regular ☐ Evening ☐

Student's Signature: Tel. No. Date:

PART I: ACADEMICS *(To be cleared by the Relevant HOTD)*

Head of Training Department: Cleared ☐ Not Cleared ☐

Remarks:

Signature: Date & Stamp:

PART II: DEANERY *(To be cleared by the Dean of Students)*

Head of Training Department: Cleared ☐ Not Cleared ☐

Remarks:

Signature: Date & Stamp:

PART II: ACCOUNTS *(To be cleared by the Finance Manager)*

Outstanding Fees Clearance:	Cleared	☐	Not Cleared	☐
Graduation Fee Clearance:	Cleared	☐	Not Cleared	☐
Clearance for Other liabilities:	Cleared	☐	Not Cleared	☐

Remarks (Indicate Balance):

Signature: Date & Stamp:

PART III: REGISTRAR, ACADEMIC AFFAIRS *(Please Attached Personal Information Declaration Form 16 B)*

Personal Information Declaration Form: Submitted ☐ Not – Submitted ☐

Cleared for Graduation: ☐ Not Cleared for Graduation ☐

Signature: Date & Stamp:

Registrar (Academic Affairs)