



SNP/ADM/F0006

THE SIGALAGALA NATIONAL POLYTECHNIC

P.O. BOX 2966-50100 KAKAMEGA – KENYA CEL: 0725663322/0793 600 519

Email: info@sigalagalapoly.ac.ke ~ Web: www.sigalagalapoly.ac.ke

Student clearance form

(To be filled Triplicate)

Student Name: _____ Adm. No. _____

Department: _____ Course _____

Intake from: _____ To _____

Address: _____ Telephone: _____ Email: _____

SERIES & YEAR (KNEC/CDACC/KASNEB/INTERNAL) e.g (Nov. 2019) _____ INDEX NO. _____

KCPE INDEX NO: _____ YEAR: _____

KCSE INDEX NO: _____ YEAR: _____

PARENT/GUARDIAN NAME: _____ PHONE NO: _____

TECHNICIAN	<input type="text"/>	LIBRARY	<input type="text"/>
HOD DEPARTMENT	<input type="text"/>	BOARDING	<input type="text"/>
SPORTS OFFICER	<input type="text"/>	DEAN OF STUDENTS	<input type="text"/>
FINANCE	<input type="text"/>	REGISTRAR	<input type="text"/>

All students upon completing a course must ensure that they have filled the Clearance Form and deposited the college ID with the Dean. This form, when completed must be returned to the Registry office.

Student's Signature _____ Date _____

OFFICIAL USE ONLY

Approving Result _____ Date _____

Officer Issuing _____ Date _____

GRADE PASSED (Tick where appropriate)

DISTITION CREDIT PASS REFER FAIL