Mildmay Institute
of Health Sciences

CLEARANCE FORM FOR GRADUATION

Candidates who wish to request for their Academic Transcripts and later on graduate should be cleared by the various departments/units at the Mildmay Institute of Health Sciences.

1. Surname: ……
2. Other Names (in full): ……

   As registered at the Mildmay Institute of Health Sciences. The names must be those that appear on the previous academic documents.

3. Registration/Student ID Number: ……
4. Programme: ……
5. Date of Graduation: ……
6. Contact Address: …… Telephone:……

Submit your completed clearance forms to the Registrar.

Signature: ……

Date: ……

Department	**Name of Clearing Officer**	**Signature and Date**	**Comment/Stamp**
Library			
Finance (Tuition)			
Finance (Graduation Fees)			
Hospitality			
Registration with the National Council for Higher Education			

NOTE: All fees must be paid before a student is issued a transcript/testimonial and prior to graduation.