# THE UNITED REPUBLIC OF TANZANIA
## MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
## THE UNIVERSITY OF DODOMA

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**CLEARANCE FORM**

Candidate must ensure the safe return of all university property/equipment books etc., entrusted to him or her during the study period before collecting the certificate. All units listed below assure that the candidate is not materially indebted to your department.

Name of candidate: .....Registration No:.....

Department:..... College/Institute/School: .....

Degree registered for: .....

Residential ☐ Non- residential ☐

If residential, indicate the name of residence .....

Current Address: .....

Date of graduation: .....

Signature..... Date: .....

1. **Comments by Director of Students Services**

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   Name: ..... Signature: ..... Date: .....

2. **Comments by the Director of Library Services**

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   Name: ..... Signature: ..... Date: .....

3. **Comments by Supervisor**

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Name: ..... Signature: ..... Date: .....

**4. Comments by Head of Department**

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Name: ..... Signature: ..... Date: .....

**5. Comments by Principal of College/Director of Institute/Dean of School**

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Name: ..... Signature: ..... Date: .....

**6. Comments by Examinations Officer**

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Name: ..... Signature: ..... Date: .....

**7. Comments by Bursar**

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Name: ..... Signature: ..... Date: .....

**8. Comments by the Director of Postgraduate Studies**

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Name: ..... Signature: ..... Date: .....