

UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF ACADEMIC AFFAIRS

Tel: 233 362 196 197
 233 362 196 129
 Email: academicaffairs@uhas.edu.gh



PMB 31
 Ho, Volta Region

STUDENT CLEARANCE FORM

INSTRUCTIONS TO STUDENT:

This form must be completed in full and returned to Directorate of Academic Affairs for collection of certificate

Student Name: _____ School: _____

Student ID: _____ Department: _____

Student's Status: Regular Top Up Sandwich Post Graduate

DEPARTMENT	AUTHORISED SIGNATURE	
ESTATE DEPARTMENT	Date: _____ Chief Estate Officer	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
	Date: _____ Assist. Registrar (Student Affairs)	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
HEAD OF DEPARTMENT	Date: _____ Head of Department	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
	Date: _____ School Officer	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
SCHOOL	Date: _____ School Officer	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
	Date: _____ Assist. Librarian	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
FINANCE DIRECTORATE	Date: _____ Assist. Accountant (Student Accounts)	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
	Date: _____ School Officer	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>
RETURN OF ACADEMIC GOWN	Date: _____ School Officer	CLEARED <input type="checkbox"/> NOT CLEARED <input type="checkbox"/>

STATEMENT OF CLEARANCE

I have satisfied all financial obligations and returned all equipment, tools, books, files, academic gown, and UHAS tangible property.

Signature of Student:	Phone No:	Date:
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