



# Adventist University of Central Africa

P.O. Box 2461 Kigali, Rwanda | www.auca.ac.rw | info@auca.ac.rw

## CLEARANCE FORM

Student Name: ..... ID No. ....

Faculty: ..... Department: .....

Date: ..... Academic Year: .....

### **Note - Have this form signed by the following:**

#### **1. Registrar's Office**

General Courses Successfully Completed: .....

Major Courses Successfully Completed: .....

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

#### **2. Dean of Faculty**

Transcript Checked? Student has Completed: Yes [ ] No [ ]

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

#### **3. Librarian**

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

#### **4. IT Administrator**

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

#### **5. Director of Student Services**

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

#### **6. Business Manager/Chief Accountant**

Graduation Fees: RWF 45,000

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

#### **7. Registrar: (to be issued in order)**

- Submission of Notified Copy of Secondary School Certificate [ ]
- Receipt of Official General Transcript [ ]
- Receipt of Certificate of Completion [ ]
- Return of Graduation Gown [ ]
- Receipt of Diploma [ ]

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