



MINISTRY OF EDUCATION
MANDERA TECHNICAL TRAINING INSTITUTE

P.O. Box 257-70300, Mandera

TEL: [0723172746](tel:0723172746) Email: manderatti@gmail.com Website: www.manderatti.ac.ke



FORM NO: _____

OFFICE OF THE REGISTRAR
STUDENT'S CLEARANCE FORM

Student's Name: _____ (As it is in your National ID)

Admission Number: _____ (Issued upon admission)

Phone Number: _____ (Personal/Guardian)

Intake: _____ (Month and Year)

Course: _____
 (E.g. Electrical Eng., ICT, Secretarial, Human Resource etc.)

Level: _____
 (Artisan, Craft Certificate, Diploma OR Higher Diploma)

Module: _____
 (None, Module I, Module II OR Module III)

Reasons for Clearance

(Tick Appropriately)

- New Admission
- Reporting Back
- Graduating
- Transferring
- Others: _____

PREVIOUS ACADEMIC DETAILS

Prev. Course/Class	Previous Level	Prev. Module	Year	Previous Index No.

INSTITUTION CLEARANCE

S/N	DEPARTMENT	CLEARING OFFICER	SIGNATURE	DATE	REMARKS	
1	Finance Office					
2	Store Keeper				Seat No.	Locker No.
3	House Keeper				Hostel Name	Room No.
5	Library					
6	Head of Department					
7	Dean of Students					
8	Registrar's Office					

Deputy Principal: _____ Sign/Stamp: _____ Date: _____

(In accomplishing the clearance, please return this form to Registrar's Office)