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|  | <p style="text-align: center;"> <b>SOKOINE UNIVERSITY OF AGRICULTURE</b><br/> Office of the Dean of Students<br/> P.O. Box 3033, Chuo Kikuu, Morogoro, Tanzania<br/> TEL: +255-023-263511/4; Ext. 4105 or 4106<br/> E-mail: <a href="mailto:dos@suanet.ac.tz">dos@suanet.ac.tz</a>; </p> |
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## CLEARANCE FORM FOR STUDENTS FOR DIPLOMA UNDER SNAL (DLIS & DRAM)

|            |  |
|------------|--|
| Full Name: |  |
| Reg. No:   |  |

|            |  |
|------------|--|
| Mobile No: |  |
| Date:      |  |

|  |           |       |
|--|-----------|-------|
| <b>SOKOINE NATIONAL AGRICULTURAL LIBRARY</b> |           |       |
| .....  | .....     | ..... |
| Amount                                       | Signature | Date  |

|             |           |       |
|-------------|-----------|-------|
| <b>CICT</b> |           |       |
| .....       | .....     | ..... |
| Amount      | Signature | Date  |

|                         |           |       |
|-------------------------|-----------|-------|
| <b>GAMES DEPARTMENT</b> |           |       |
| .....                   | .....     | ..... |
| Amount                  | Signature | Date  |

|               |           |       |
|---------------|-----------|-------|
| <b>BURSAR</b> |           |       |
| .....         | .....     | ..... |
| Amount        | Signature | Date  |

|               |           |       |
|---------------|-----------|-------|
| <b>SUASAB</b> |           |       |
| .....         | .....     | ..... |
| Amount        | Signature | Date  |

|                         |           |       |
|-------------------------|-----------|-------|
| <b>DEAN OF STUDENTS</b> |           |       |
| .....                   | .....     | ..... |
| Amount                  | Signature | Date  |

I certify that the above named student is cleared

**DEAN OF STUDENTS**