



SOKOINE UNIVERSITY OF AGRICULTURE
 Office of the Dean of Students
 P.O. Box 3033, Chuo Kikuu, Morogoro, Tanzania
 TEL: +255-023-263511/4; Ext. 4105 or 4106
 E-mail: dos@sua.ac.tz

**CLEARANCE FORM FOR STUDENTS OF SCHOOL OF AGRICULTURE
 ECONOMICS & AGRIBUSINESS STUDIES**

FULL NAME:

MOBILE NO:

REG. NO.:

DATE:

1. SOKOINE NATIONAL AGRICULTURAL LIBRARY

2. DEPARTMENT OF AGRICULTURE ECONOMICS & AGRIBUSINESS

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 Amount Signature Date

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3. DEPARTMENT OF FOOD & RESOURCE ECONOMICS

4. Department of business management

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 Amount Signature Date

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 Amount Signature Date

5. SPORTS & GAMES DEPARTMENT

6. CICT

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 Amount Signature Date

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 Amount Signature Date

7. SUASAB

8. BURSAR

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 Amount Signature Date

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 Amount Signature Date

9. DEAN OF STUDENTS

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 Amount Signature Date

I certify that the above named student is cleared

DEAN OF STUDENTS