



S/N:.....

OSUN STATE COLLEGE OF EDUCATION, ILESA CLEARANCE FORM FOR THE COLLECTION OF STATEMENT OF RESULT

N. B.: This clearance form should be completed by every graduating student, signed and stamped by all officers concerned (NOT REPRESENTATIVES) before the issuance of statement of final N.C.E. Result.

Full Name of Student (Surname First):.....

..... Matriculation Number

School:..... Subject Combination:.....

DEPARTMENT I

I certify that the above named student has:

- (a) satisfied entry requirements for the course offered;
- (b) passed all prescribed courses;
- (c) qualified for the award of N. C. E; and
- (d) he/she is not owing the Department

HOD's Name:..... Signature & Date:.....

(Official Stamp)

DEPARTMENT II

I certify that the above named student has:

- (a) satisfied entry requirements for the course offered;
- (b) passed all prescribed courses;
- (c) qualified for the award of N. C. E; and
- (d) he/she is not owing the Department

HOD's Name:..... Signature & Date:.....

(Official Stamp)

LABORATORIES (where applicable)

I certify that the above named student is not indebted to the laboratory and therefore cleared.

1. HOD's Name:..... Signature & Date:.....

(Official Stamp)

2. HOD's Name:..... Signature & Date:.....

(Official Stamp)

SCHOOL OF EDUCATION

We certify that the above named student is not owing the School of Education, has no disciplinary action pending against him/her and is qualified for the issuance of Statement of Result.

School Officer's Name:..... Signature & Date:.....

(Official Stamp)

Dean's Name:..... Signature & Date:.....

(Official Stamp)

SCHOOL

We certify that the above named student is not owing the School of....., has no disciplinary action pending against him/her and is qualified for the issuance of Statement of Result.

School Officer's Name:..... Signature & Date:.....
(Official Stamp)

Dean's Name:..... Signature & Date:.....
(Official Stamp)

LIBRARY DEPARTMENT

I certify that the above named student is not owing the Library any book and is therefore cleared.

College Librarian's Name:..... Signature & Date:.....
(Official Stamp)

CLEARANCE FOR PAYMENT OF ALUMNI ASSOCIATION LEVY

I certify that the above named student has paid the Alumni levy of.....and is therefore cleared.

Alumni Officer's Name:..... Signature & Date:.....
(Official Stamp)

MIS UNIT

I certify that the above name student has supplied his/her personal details, O'level result and his/her result has been duly processed by the MIS Unit. He/She is therefore cleared.

MIS Coordinator's Name:..... Signature & Date:.....
(Official Stamp)

COLLEGE VENTURES

I certify that the above named student has been cleared by the College Ventures and is therefore qualified for the issuance of Statement of Result.

College Ventures Officer's Name:..... Signature & Date:.....
(Official Stamp)

TEACHING PRACTICE

I certify that the above named student has been cleared by Teaching Practice and is therefore qualified for the issuance of Statement of Result.

Teaching Practice Officer's Name:..... Signature & Date:.....
(Official Stamp)

STUDENT AFFAIRS OFFICE

We certify that the above named student is not indebted to the Students Union, the Associations he/she belongs to and the College in general. He/She has no pending disciplinary action against him/her and is therefore cleared

Student Affairs Officer's Name:..... Signature & Date:.....
(Official Stamp)

Name of Dean, Student Affairs:.....Signature & Date:.....
(Official Stamp)

BURSARY DEPARTMENT

I certify that the above named student has paid all prescribed school fees, including the fee for collection of Statement of Result and Graduation Ceremony and is therefore cleared.

College Bursar:..... Signature & Date:.....
(Official Stamp)

REGISTRY DEPARTMENT

I certify that the above named student has been cleared by all relevant Departments and is therefore qualified for the issuance of Statement of Result.

Academic Affairs Officer's Name:..... Signature & Date:.....
(Official Stamp)