



SOKOINE UNIVERSITY OF AGRICULTURE  
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### CLEARANCE FORM FOR STUDENTS FACULTY OF VETERINARY MEDICINE

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Reg. No:	

Mobile No:	
Date:	

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 Amount                      Signature                      Date

**SUASAB**

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 Amount                      Signature                      Date

**DEAN OF STUDENTS**

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 Amount                      Signature                      Date

I certify that the above named student is cleared

**DEAN OF STUDENTS**