



BUTERE TECHNICAL TRAINING INSTITUTE

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STUDENT CLEARANCE FORM (To Be Filled In Triplicate).

Name _____ Adm _____ Dept. _____

Course _____ Module /Year Clearing (e.g. I, II or III) _____

Phone _____ P.O BOX _____ Email _____

FOR OFFICIAL USE ONLY

1. DEPARTMENT

2. LIBRARY

3. BOARDING

4. STORE

5. SPORTS

6. REGISTRY

7. DEAN OF STUDENTS

8. REGISTRAR

9. FINANCE

All trainees upon completing a module/ course **MUST** ensure that they have filled the Clearance Form and deposited the **College I.D** with the registry office. This form, when completed **MUST** be returned to the **Registry Office**.

Student's Signature.....Date.....

Officer Issuing **Result slip**.....Date.....Sign.....

Officer Issuing **Certificate**.....Date.....Sign.....