



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@suanet.ac.tz](mailto:dos@suanet.ac.tz)

## CLEARANCE FORM FOR STUDENTS FOR DIPLOMA/CERTIFICATE UNDER CENTRE FOR INFORMATION COMMUNICATION AND TECHNOLOGY (CICT)

Full Name:	
Reg. No:	

Mobile No:	
Date:	

<b>SOKOINE NATIONAL AGRICULTURAL LIBRARY</b>		
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Amount	Signature	Date

<b>ICT SERVICES</b>		
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Amount	Signature	Date

<b>COMPUTER CENTRE</b>		
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Amount	Signature	Date

<b>EDUCATION TECHNOLOGY</b>		
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Amount	Signature	Date

<b>ITCB</b>		
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<b>BURSAR</b>		
.....	.....	.....
Amount	Signature	Date

<b>GAMES DEPARTMENT</b>		
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Amount	Signature	Date

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

<b>SUASAB</b>		
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Amount	Signature	Date

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

I certify that the above named student is cleared

DEAN OF STUDENTS