UNIVERSITY OF MAIDUGURI

(Office of the Registrar)

CLEARANCE FORM

College/Faculty of _____

Department of _____

Student's Name:_____ __

ID No.: ____/____/____/_____ Level: _____

New ☐ Proceeding ☐ Repeating ☐

COURSES TO BE REGISTERED:

Course Codes	Course Title	Unit	Semester

CLEARED ☐ NOT CLEARED ☐

Level Coordinator Sign & Stamp: _____Date_____