

## SOKOINE UNIVERSITY OF AGRICULTURE Office of the Dean of Students

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## CLEARANCE FORM FOR STUDENTS COLLEGE OF FORESTRY, WILDLIFE AND TOURISM

FULL NAME:			MOBILE NO:  DATE:								
						Amount		Oate	Amount	Signature	 Date
						3. DEPARTMENT OF ECOSYSTEMS & CONSERVATION			4. DEPARTMENT OF WILDLIFE MANAGEMENT		
Amount	Signature	Date	Amount	Signature							
5. DEPARTMENT OF FOREST & ENVIRONMENTAL ECONOMICS			6. DEPARTMENT OF FOREST RESOURCES ASSESSMENT AND MANAGEMENT								
Amount	Signature	 Date	Amount	Signature	Date						
7. DEPARTMENT OF TOURISM & RECREATION			8.CICT								
Amount	Signature	Date	Amount	Signature	Date						
9. SPORTS ^ GAMES DEPARTMENT			10. BURSAR								
Amount	Signature	Date	Amount	Signature	Date						
11. SUASAB			12. DEAN OF STUDENTS								
Amount	Signature	Date	Amount	Signature	Date						

I certify that the above named student is cleared