



**SCHOOL OF HEALTH INFORMATION MANAGEMENT
UNIVERSITY COLLEGE HOSPITAL, IBADAN**



STUDENT CLEARANCE CERTIFICATE

The School of Health Information Management, University College Hospital, Ibadan has reviewed the system of clearing final year students for graduation, convocation and certificate issuance.

REQUIREMENT

Each student leaving the school is required to get a school clearance. Kindly request the different signatories stated below to sign after been cleared.

NAME OF STUDENT: _____ **REASON FOR CLEARANCE**

MATRICULATION NUMBER: _____ **A. COMPLETION** ☐

SESSION: _____ **B. WITHDRAWAL** ☐

YEAR OF GRADUATION: _____

S/N	DEPARTMENT/SECTION	CLEARING OFFICER	DATE	SIGNATURE & STAMP	REMARK
1	FINANCE & ACCOUNT				
2	STAFF MEDICAL CLINIC				
3	STUDENT AFFAIRS OFFICE				
4	ACADEMIC AFFAIRS OFFICE				

The above-mentioned student is hereby cleared from all liabilities and requirements and is hereby officially withdrawn/completion from the School of Health Information Management, university College Hospital, Ibadan

HEAD OF SCHOOL

SIGNATURE STAMP

ONCE ALL THE ABOVE ITEMS HAVE BEEN SIGNED

- 1) A copy of the clearance certificate will be archived to the students file
- 2) Retain for administrative use