

DAR ES SALAAM MARITIME INSTITUTE

STUDENT'S CLEARENCE FORM

Name of student (in full):

Registration No:

Name of Course:

Academic period/year:

Department:

Account Office:

I certify that Mr/Ms.....has complete fee for..... course,
year..... Tshs/Usd.....

Date:..... Signature & Seal:

Department/section	Item/amount due	Signature of responsible officer	Date
Registrar			
Marine Engineering			
Maritime Transport			
Science and Management			
Library			
Workshop/Laboratories			
Store			
DAMISO			

DP/ARC

I certify thathas completed his/her stated above has been/not been cleared from the instiute's liabilities.

- Delete as appropriate

Date: **Signature:**