



CERTIFICATE CLEARANCE FORM
(Departments are requested to stamp and sign on both clearances)



Date Issued:.....

Student Number: M.....

I.....National ID Number
(Owner of certificate)

I.....National ID Number
Is collecting the Certificate on Behalf of the above named

Address.....

Programme.....

Period of Study: From..... To.....
(Graduation Year)

Cadetship.....Yes No Expiry Date of Bonding.....

Certificate Serial Number.....Certificate Collection Fee/Graduation Receipt.....

Hereby acknowledge receipt of the certificate(s)

Signature.....Date

Certificate Issued out by : NameSign.....Date.....

STUDENT ACCOUNTS

LIBRARY

STUDENT AFFAIRS

CLEARED BY: -Name _____ Name _____ Name _____

Sign _____ Sign _____ Sign _____



**GREAT ZIMBABWE UNIVERSITY
TRANSCRIPT CLEARANCE FORM**
(Departments are requested to stamp and sign on both clearances)



SURNAME:..... FIRST NAME:.....

REG NO.:..... PROGRAMME:.....

ADDRESS:.....

SIGNATURE:..... I.D. NO.:.....

DATE:.....DATE FINISHED (eg: June/Nov 2015).....

NB: If you are applying for this transcript after you were previously issued with another, you will be required to pay a fee for another original transcript. If you owe the university any fees, we will not be able to issue you with a transcript until and when this debt is paid in full.

STUDENT ACCOUNTS

LIBRARY

STUDENT AFFAIRS

CLEARED BY: -Name _____ Name _____ Name _____

Sign _____ Sign _____ Sign _____