AFRICA COLLEGE OF THEOLOGY

GRADUATION CLEARANCE FORM

Note: Use this form to officially clear at Africa College of Theology for graduation. Each department must confirm that the student has fulfilled all obligations before final graduation approval is granted.
Student Information

Student Name: _____   Student ID: _____

Degree Program: _____   Your Intake: _____   Current Academic Year: _____

Email: _____   Phone No: _____

1. Academics Department

- All course modules completed: ✓ / ✗

- Ministry Project / Thesis submitted / Dissertation: ✓ / ✗

- Completed the credit hours required for graduation ✓ / ✗

- Final grades approved by Senate: ✓ / ✗

DP-Academics & Signature: _____ Date: __ / ____ / _____

2. Finance Office

Tuition fees fully paid: ✓ / ✗

Library fines/penalties cleared: ✓ / ✗

Graduation fees paid: ✓ / ✗

Name & Signature: _____ Date: ____ / ____ / _____

3. Library Department

All borrowed books returned: ✓ / ✗

No outstanding library penalties: ✓ / ✗
Name & Signature: _____Date: ____ / ____ / _____

4. IT & Records Office

Digital Devices submitted and verified: ✓ / ✗

Name & Signature: _____Date: ____ / ____ / _____

5. Student Services / Chaplaincy (Optional)

(Where applicable)

- Disciplinary records cleared: ✓ / ✗

- Community service requirements met: ✓ / ✗

Name & Signature: _____Date: ____ / ____ / _____

STUDENT DECLARATION

I _____hereby confirm that all information provided is accurate and that I have fulfilled all academic, financial, and institutional requirements necessary for graduation. I submit this form for final verification and approval.

Signature: _____

Date: ____ / ____ / _____

FINAL APPROVAL (Registrar's Office)

All required sections have been reviewed and cleared.
Graduation Status: Approved / Not Approved

Registrar's Name: _____

Signature: _____Date: ____ / ____ / _____