



GATEWAY COLLEGE OF HEALTH TECHNOLOGY

IN CONJUNCTION WITH



ECOTES UNIVERSITY BENIN REPUBLIC

CLEARANCE FORM

NAME: _____

MATRIC NO: _____

FACULTY: _____

DEPARTMENT: _____

1. LABORATORY

NAME:

SIGN: DATE.....

2. LIBRARY

NAME:

SIGN: DATE.....

3. SECRETARY OFFICE

NAME:

SIGN: DATE.....

4. ANIMAL SCIENCES

NAME:

SIGN: DATE.....

5. HEALTH SCIENCE

NAME:

SIGN: DATE

6. CIT OFFICE

NAME:

SIGN: DATE

7. BURSAR OFFICE

NAME:

SIGN: DATE.....

8. EXAMINATION OFFICE

NAME:

SIGN: DATE

9. ADMISSION OFFICE

NAME:

SIGN: DATE

10. DIRECTOR OF STUDIES OFFICE

NAME:

SIGN: DATE.....

11. REGISTRAR OFFICE

NAME:

SIGN: DATE.....

**NOTE: ALL MUST BE DULY SIGNED AND STAMP ACCORDINLY BEFORE
SUBMITTING TO ALL DEPARTMENTS AND OFFICES.**