



**Maduka**  
UNIVERSITY

**STUDENT ADMISSION CLEARANCE FORM FOR THE 2025/2026 SESSION**

**NAME:** ..... **DEPARTMENT:** .....

**1. BURSARY UNIT**

CLEARED: YES ☐ NO ☐

CHECKED BY: .....

SIGN:..... DATE:.....

**2. MEDICAL UNIT**

CLEARED: YES ☐ NO ☐

CHECKED BY: .....

SIGN.: ..... DATE:.....

**3. STUDENT AFFAIRS UNIT**

CLEARED: YES ☐ NO ☐

CHECKED BY: .....

SIGN.:..... DATE: .....

**4. ADMISSIONS UNIT**

CLEARED: ☐ YES ☐ NO

CHECKED BY:.....

SIGN.:..... DATE: .....

**5. REGISTRAR**

CLEARED: YES ☐ NO ☐

SIGN: ..... DATE: .....

