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# GRADUATION CLEARANCE



**BENSON IDAHOSA  
UNIVERSITY**



Full-Name:

Matric No:

Faculty:

Department:

Level:

Student Type:

- You have a Fee Payment balance for 2023/2024 Academic Session. Please resolve it first in the Bursary Unit before re-attempting your Graduation Clearance!

## CONTACT

Benson Idahosa University  
P.M.B. 1100, Benin City,  
Nigeria.  
<http://www.biu.edu.ng/>

## GRADUATION DETAILS:

Date Printed:

Session:

## GRADUATION STATUS:

# OWING!

## HEAD OF DEPARTMENT

I hereby confirm that the above student has registered all courses as specified by the Department for graduation from Year One to Final Year and has passed the required courses and therefore has no references or outstanding courses in the department.

Cleared By (Name):.....

Sign/Date/Stamp:.....

## FACULTY

This is to certify that the above student has satisfied the Faculty requirements for clearance.

Cleared By (Name):.....

Sign/Date/Stamp:.....

## UNIVERSITY LIBRARY

I hereby confirm that the above student has returned all Library Books loaned.

Cleared By (Name):.....

Sign/Date/Stamp:.....

## CAMPUS LIFE DIVISION

I hereby confirm that the above student has met all requirements for Campus Life Division.

Cleared By (Name):.....

Sign/Date/Stamp:.....

## STUDENT AFFAIRS

I hereby confirm that the above student has no disciplinary case with the University, and he/she returned the academic outfit to proceed for NYSC.

Cleared By (Name):.....

Sign/Date/Stamp:.....

## SUMMER SCHOOL

I hereby confirm that the above student has cleared from Summer School. He/She does not owe.

Cleared By (Name):.....

Sign/Date/Stamp:.....

## BURSARY

I hereby confirm that the above student has paid for this clearance process and has paid all required fees from the period of admission to graduation and therefore not owing any fee in each of the Semester/Session.

Cleared By (Name):.....

Sign/Date/Stamp:.....

## OFFICE OF ALUMNI RELATIONS

I hereby confirm that the above student has met all requirements for the Office of Alumni Relations.

Cleared By (Name):.....

Sign/Date/Stamp:.....

## CERTIFICATE SCREENING COMMITTEE

I hereby confirm that the Credentials presented by this student have been screened and not found wanting.

Cleared By (Name):.....

Sign/Date/Stamp:.....

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