



DEPARTMENT OF CHEMISTRY  
AHMADU BELLO UNIVERSITY  
ZARIA

DEPARTMENTAL CLEARANCE FORM

This is to certify that.....  
with registration number..... has submitted the final  
copies of his/her project and all laboratory/store materials in his/her  
custody. He/She is therefore eligible to commence the final exit clearance  
from the University, as He/She is no longer indebted to Department of  
Chemistry.

**PROJECT COORDINATOR:**

Name

Signature

Date

---

**STORE KEEPER:**

Name

Signature

Date

---

**CHIEF TECHNOLOGIST:**

Name

Signature

Date

---