



**GREAT LAKES UNIVERSITY OF KISUMU**  
**FACULTY OF EDUCATION**

**CLEARANCE FOR TEACHING PRACTISE FORM**

**PART A: STUDENTS DETAILS**

**Name:** ..... **Reg. No.** .....

**Phone No.**..... **Email**.....**County:** .....

**Course:**.....**Combination:**.....

**Year of study** ..... **Semester** .....

**School Attached** .....**Location**.....

**Name of Student**.....**Sign**.....**Date**.....

**PART B: ACCOUNTS**

**Expected TP Fee (Figures)**..... **(In Words):**.....

**Amount Paid Ksh:** .....

**Balance Due:**.....

**Name of Officer**.....**Sign**.....**Date**.....

**PART C – DEPARTMENT APPROVAL**

**No. of Units Covered by the student:**.....**Missing Marks:**.....

**Pending Supplementary Exams:**.....**Incomplete Marks:**.....

**Approved for Teaching Practice** , **Not Approved**  **Reason(s):**.....

**Head of Department**.....**Date**.....**Signature**.....

**Dean of the Faculty** .....**Date**.....**Signature**.....