



SINU

SOLOMON ISLANDS NATIONAL UNIVERSITY

STUDENT ACADEMIC SERVICES PO BOX R113, Kukum Campus
Honiara, Solomon Islands

TELEPHONE: +677 24260 FAXSIMILE: +677 30890 EMAIL: sas@sinu.edu.sb

STUDENT CLEARANCE FORM (GRADUATING STUDENT)

Surname: _____ Other Names: _____

Student ID: _____ Phone Contact: _____

Duration of Study: From _____ To: _____ Sponsor: _____

Application Form (Clearance) Due Date: 30th March 2026

(Outstanding fees to be settled by 30/03/26)

Course: _____ School: _____

Courses – Please Tick (/)	Year 1		Year 2		Year 3		Year 4	
	Sem.1	Sem.2	Sem.1	Sem.2	Sem.1	Sem.2	Sem.1	Sem.2
Proficiency Award								
Certificate								
Diploma								
Graduate Diploma								
Degree								

SECTION A: SCHOOL

Deficiencies, breakages etc: _____ Estimated Cost: _____ Signature of Coordinator: _____

Signed: _____ Dean of School: _____

Comment: _____

SECTION B: LIBRARY

Signed: _____ Librarian: _____

Comment: _____

SECTION C: CAMPUS LIFE – STUDENT SERVICES (Residential Status/Students Only)

Room Number: _____ Room Key returned: Yes/No Meal Card Returned: Yes/No

Signed: _____ Warden/Matron: _____

Comment: _____

SECTION D: FINANCE /BURSAR

Outstanding Fee (Includes all fees, outstanding tuition, registration etc.)

Outstanding (Fees): Year 1 - Amount: (\$) _____
Year 2 - Amount: (\$) _____
Year 3 - Amount: (\$) _____
Year 4 - Amount: (\$) _____

*Please note that **ALL OUTSTANDING fees***

MUST BE SETTLED by 30/03/26 _____

Failure to do so will result in your name being omitted from the April 2026 graduation list.

Total Outstanding Fees: (\$) _____

Signed: _____ Cashier Name: _____ Date: _____

Comment: _____

PROCEDURE FOR END SEMESTER

1. All students are required to complete (where applicable) Sections A, B, C & D of this form in full.

2. All Forms are to be returned to the Student Academic Service (SAS) Office after Sections A, B, C & D are fully completed (where applicable)

FOR ACADEMIC OFFICE USE ONLY

Remedial Actions to be taken:

1. _____
2. _____
3. _____
4. _____

