



Republic of The Gambia
MANAGEMENT DEVELOPMENT INSTITUTE

P.O. Box 2553
 Kanifing, The Gambia

CLEARANCE FORM
 FOR THE RELEASE OF STATEMENT OF RESULT

Date of Request : 21st/03/23
 NAME OF STUDENT : LAMIN KINTEH

May I request for the release of my certificate of completion for the course
 COURSE Computer Science National Diploma LEVEL National Diploma

YEAR OF STUDIES 1ST 2ND SEMESTER 1ST 2ND 3RD 4TH

MONTH/YEAR OF COURSE START & COMPLETION July 2019 - Dec 2021 STUDENT ID 2019-2-0065

Thank you,

 Signature of Requesting Student

Endorsements

<p>Student Accounts I certify that the student has no financial obligations pending with MDI.</p>	<p>Name: <u>Quinie Marong</u> Signature: <u>21/03/2023</u></p>
<p>Department Head I certify that the student has satisfactorily completed and passed all the modules required for this course.</p>	<p>Name: <u>Mr. J. J. J.</u> Signature: <u>21/03/23</u></p>
<p>Registry Officer I have verified the grade submitted by the Department Head to the Registrar's office and hereby confirm that this student has passed all the required modules for this course.</p>	<p>Name:..... Signature:.....</p>

It is hereby requested to the Registrar of MDI that the statement of result of this student be granted

 Registrar, MDI

Received by: Name _____ Sign _____ Date _____