MASENO UNIVERSITY

OFFICE OF THE REGISTRAR, ACADEMIC AND STUDENT AFFAIRS

Private Bag MASENO. Tel: +254-057-351622, 351008, 351011
Fax: +254-057-351221, 351153, email: draa@maseno.ac.ke

STUDENTS REGISTRATION FOR GRADUATION FORM
(To be filled in BLOCK letters)

1. ……..
   (Surname/Family Name) (First/Christian name) (Nee name)
2. Registration/Admission Number …….....
3. National ID Number …….....Nationality…….....
4. Name of Programme (Include option where applicable)…….....
5. School …….....Department…….....
6. Gender.....County.....
7. Tel. No..... Email.....
8. Total number of Units/Courses.....

Signature…….....**Date**…….....

FOR OFFICIAL USE ONLY

a. Finance Officer: Fee Balance …….....

b. Dean/School: Cleared for Graduation …….....

Note: 1.This form MUST be duly filled by ALL prospective 2019graduands.
2. To be filled before completion of final Semester/Term

All completed forms to be delivered to the Office of the Registrar, Academic & Student Affairs