



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)
Note: Initials not allowed
 2. Registration/Admission Number
 3. National ID NumberNationality.....
 4. Name of Programme (Include option where applicable).....
 5. SchoolDepartment.....
 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. To be filled before completion of final Semester/Term
2. This form **MUST NOT** be filled by Past Cohorts

All completed forms to be delivered to the Office of the Registrar, Academic & Student Affairs (**Wing A**)

