



GRADUATION APPLICATION FORM

Email:examinationsection@seku.ac.ke

TO BE FILLED IN TRIPLICATE: - Copy to Dean and other to be retained by the applicant; Original to the Registrar (Academic and Student Affairs). **ATTACH a copy of your NATIONAL ID.**

SECTION A

1. NAME (in full) _____
Last Name First Name Middle Name
2. REG NO. _____ MOBILE NO.(S) _____
3. DEGREE PROGRAMME AND OPTION _____
4. NAMES TO BE PRINTED ON THE CERTIFICATE (As they will appear on the certificate)
 - (a) FIRST NAME _____
 - (b) MIDDLE NAME (S) _____
 - (c) LAST NAME _____
5. SEMESTER/SESSION IN WHICH THE PROGRAMME WAS COMPLETED/WILL BE COMPLETED

(Semester) (Academic Year)

SECTION B (For official use only)

1. **Dean School of/ Director Institute of** _____

Verified, confirmed and provisionally recommended

Dean's Signature

School / Institute Stamp

2. REGISTRAR (ASA)

ACTION: To be Included in the list of Graduands/ Not to be Included in the List of Graduands

Signature

Date