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 Academic Registrar. **ATTACH A CLEAR COPY OF YOUR NATIONAL ID/PASSPORT**

SECTION A

1. **NAME (in full)** _____ _____ __ ___ _____
   Last Name First Name Middle Name
2. **REG NO**. _____ **MOBILE NO. (S)**__**EMAIL:**_____

   ID.NO _____
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 (AR)

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

_____ _____
Signature Date