



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 (ASA) -Examination Section). **ATTACH COPY OF NATIONAL ID**

SECTION A

1. **NAME (in full)** _____
Last Name (surname) 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 appear on the NATIONAL ID)**
 - (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** _____

Verified, confirmed and provisionally recommended

Dean's Signature

School / Stamp

2. **REGISTRAR (ASA)**

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

Signature

Date