



GREAT LAKES UNIVERSITY OF KISUMU (GLUK)

P.O Box 2224, Kisumu; Tel: 0736 550 505//0770410698

E-mail: academics@gluk.ac.ke

STUDENT REGISTRATION FORM

1.0 Students' details

- 1.1 Student's Registration No..... Date of Admission.....
1.1 Surname..... Other names.....
1.2 Gender,
1.3 Nationality County.....
1.4 Contact postal address Postal Code..... Town.....
1.4 Permanent postal address Postal Code..... Town.....
1.5 Telephone No. Cell Phone No.....
1.6 Email address,
1.7 ID/passport No.
1.9 Contact person Tel. No.....

Status,

- 1.10 Faculty/Institute.....
1.11 Course:,
1.12 Course duration:,
1.13 Mode of study (full-time) (part-time).....
1.14 Signature Date:

2.0 ACCOUNTS

- 2.1 Course fee:.....
2.2 Sponsorship self Sponsored.....
2.3 Sponsor's Name.....
2.4 Sponsor's Tel. No..... Email.....
2.5 Mode of payment:.....
2.6 1st installment Kshs.....
2.7 Fee balance payment schedule.....
2.8 Name..... Sign..... Date.....

3.0 Deans/Director/Coordinator

- 3.1 Admitted to course..... Not admitted.....
3.2 Student's Registration No.
3.3 Name Signature..... Date.....
3.4 Academic Registrar
3.5 Admitted to class..... Not admitted.....
3.6 Signature.....

(To be filled in quadruplicate)

NAME OF STUDENT.....

ADMISSION NO.

FACULTY.....

DEPARTMENT.....

PART IV: COURSE REGISTRATION – DEPARTMENT.....

S/NO	UNIT CODE	UNIT TITLE	LECTURER	LECTURER'S SIGNATURE

A student wishing to take an extra course load should fill in addition to this form, an addition unit form.

Student's Signature..... Date.....

Approved..... Date.....
Head of Department

Approved
DEAN/FACULTY/DIRECTOR

(Must be filled in Quadruplicate)