

GREAT LAKES UNIVERSITY OF KISUMU**EXAMINATIONS OFFICE****SUPPLEMENTARY REGISTRATION FORM**

Name.....Registration Number.....

Academic Year.....Semester.....Telephone No.....

S/NO	Course code	Course Title
1		
2		
3		
4		

Amount paid: Ksh..... (in words).....

..... (Kindly attach copie(s) of receipt(s) for payment)

Student's Signature..... **Date**.....**Chairperson of Department**

Name..... SignatureDate.....

Dean of School/ Faculty

Name..... SignatureDate.....

Registrar Academics

Signature..... Date.....

Note: Fees charged:- Ksh.2000