

GREAT LAKES UNIVERSITY OF KISUMU OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS

ACADEMIC GOWNS, HOODS AND CAPS HIRING FORM (To be filled in duplicate before collection of academic attire)

TO BE COMPLETED BY GRADUANDS

PART A:

				Average experience at each			* * * * * * * * * * * * * * * * * * *	
SURNAME		OTHER NAMES						
TA CAY TO								
FACULTY			REG. NO:					
EMAILADDRESS TEL. NO:								
EMAIL:							* * *	
AMOUNT PAID: KSHS. (Graduation Charges)								
			RECEIPT NO		• • • • • • • •	•••••		
I confirm that I have been issued with the following items: (TICK as appropriate)								
ITEM CADRE								
	OMA/CERTIFICATE	UNDE	ERGRADUATE	MAST	ERS	PHD	3 80	
Gown				1,1110	LITE	TILD		
Hood								
Cap			7:					
			W.F.					
penalty in the event of loss of items or damaged while in my possession. THE ITEMS MUST BE RETURNED TO THE FACULTY WHERE THEY WERE ISSUED SIGNATURE NATIONAL ID NO. DATE PART B: FOR OFFICIAL USE ONLY (To be filled by the Receiving Officer upon return of item/s borrowed) I confirm that the above named has returned the Academic Regalia as follows: ITEM CADRE								
I I E IVI	DIPLOMA/CERTIFI	CATE	UNDERGRAD	ELATER.	MAC	TEDC	DIID	
Gown	DI LOMA/CERTIFI	CAIL	UNDERGRAD	UAIL	MAS	TERS	PHD	b a
Hood			·					
Cap								
Officer's Name Penalty (If any)	Signature: Date: Receipt No.							
GRADUANDS MUST RETAIN THE ORIGINAL COPY OF THIS FORM, TO BE PRODUCED WHEN COLLECTING RESPECTIVE CERTIFICATE, DIPLOMA AND DEGREE CERTIFICATES.								

KEEP SAFE: Wear your mask properly, Wash your hands with water & soap or Sanitize and Keep Social Distance