



GREAT LAKES UNIVERSITY OF KISUMU

OFFICE OF THE REGISTRAR ACADEMICS

Tel: +254 736550505/7704100698
E-mail: registraracademics@gluk.ac.ke or admissions@gluk.ac.ke

P. O. Box 2224-40100
Kisumu
Kenya

STUDENTS PERSONAL DETAILS

Affix one
Passport Size
Photograph here

Students Details

NAME _____ REG.NO. _____
SURNAME FIRST NAME MIDDLE NAMES

FACULTY/SCHOOL ADMITTED INTO _____ DATE OF ADMISSION _____

COURSE ADMITTED FOR _____

1. Date of Birth _____ / _____ / _____ ID NO. _____ / PASSPORT NO. _____
Day Month Year

2. Gender: Male Female (Tick whichever is appropriate)

3. Marital Status Married Single (Tick whichever is appropriate)

4. Name and address of spouse if married _____

5. Place of Birth: Village _____ Location _____ County _____

Name of Chief _____ District _____

Nearest Police Station _____

6. Nationality _____ Religion _____

Contact details

7. Address for Correspondence _____

Telephone _____ Fax _____ E-mail _____

Next of Kin Details

8. Full Names of Mother _____

9. Is mother alive or deceased? _____ Occupation _____

10. Full Names of Father _____

11. Is Father alive or deceased? _____ Occupation _____

12. Full names of Guardian (If neither 8 nor 10) _____

13. Occupation of Guardian _____

14. Names and Contacts of Brother(s) and Sisters(s)

15. Give Names, Addresses and Telephone Numbers of two people who can be contacted in case of Emergency.

i. Name _____ Relationship _____

Address _____ Telephone _____

ii. Name _____ Relationship _____

Address _____ Telephone _____

Other Details

16. Name and Contacts of last school attended. _____

Address: _____ Telephone _____ Email _____

17. Index Number _____ Mean Grade/Division _____

18. Subjects & Grades

19. Any other Institutions attended and Qualifications attained

S/No.	Institution	Qualification

20. Games/Sports: Which games and Sports do you participate in:

If you represented your school, etc. in games please give details: _____

21. Clubs and Societies: Which clubs and societies are you interested in: Please give details.

a) First Choice: _____

b) Second Choice: _____

c) Third Choice: _____

22. Do you suffer from any physical impairment? If so give details _____

23. Please provide any further information that you think is useful to the university _____

24. How did you learn about GLUK? _____

I certify that the information I have provided is correct:

Signature _____ Date _____

NOTE:

Information provided will be used for purposes of assisting the student whenever need arises. The information therefore should be true and correct

Please make a Photocopy of this form and fill in quadruplicate (4 copies)