



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

COURSE REGISTRATION FORM

(To be filled in quadruplicate)

1.0 Students' details

Registration No..... Date of Admission.....

Surname.....Other names.....

Gender ID/passport No

NationalityCounty.....

Contact postal addressPostal Code.....Town.....

Telephone No. Email address

Faculty/School

Programme: Course duration:

Mode of Study: Full-timePart-time.....

Signature: **Date:**

2.0 ACCOUNTS

Expected Fees: (Figures)..... (In Words):

Sponsorship: Self Sponsored.....

Sponsor's Name:..... Tel. No:.....Email:.....

Mode of payment:

Amount Paid Kshs: (Figures)..... (In Words):

Balance Due: (Figures)..... (In Words):

Name of Officer..... **Sign**..... **Date**.....

NAME OF STUDENT.....REG. NO.

DEPARTMENT.....FACULTY/SCHOOL

S/NO	UNIT CODE	UNIT TITLE	STUDENT SIGNATURE	HoDs SIGNATURE

Dean of School/Faculty

ApprovalDate.....Signature

FOR OFFICIAL USE ONLY

Office of the Registrar, Academic Affairs

Officer Receiving.....Date Signature