



**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.....

Nationality..... County.....

Contact postal address.....Postal Code.....Town.....

Telephone No..... Email address.....

Faculty/School.....

Programme:..... Course duration:.....

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

**Students' 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 TITLE	UNIT CODE
01		
02		
03		
04		
05		
06		
07		
08		
09		

**Head of the Department**

Approval .....Date.....Signature .....

**Dean of School/Faculty**

Approval .....Date.....Signature .....

**FOR OFFICIAL USE ONLY**

**Office of the Registrar, Academic Affairs**

Officer Receiving.....Date ..... Signature .....