

OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

Main Campus, Kibos P.O. Box 2224-40100 Kisumu: Telephone: 0736550505 Email: <u>registraracademics@gluk.ac.ke</u> or <u>examinations@gluk.ac.ke</u>

AWARD OF CERTIFICATE FORM

SERIAL NUMBER:		STUDENT DETAILS
		Course of Study
	Affix coloured	Registration No
	passport size	Faculty
	photo	Department
		Date of Admission
		CATEGORY OF PROGRAMME
(F	Fill in Block Letters)	1. Certificate
NAME OF STUDENT (ORDER IN CERTIFICATE)		2. Diploma
		3. Higher Diploma
ID NO./PASSPORT		4. Degree
CONTACTS		5. Master
1. Telephone No		6. PhD
Parent/Guardian/Sponsor Tel No		MODE OF THE PROGRAMME
2.	Parent/Guardian/Sponsor Tel No	WIODE OF THE PROGRAWINE
	Parent/Guardian/Sponsor Tel No	1. Full Time
Е		
E 1.	-mail Address:	1. Full Time
1. 2.	Student	1. Full Time 2. Part-Time
1. 2.	StudentParent/Guardian/Sponsor	1. Full Time
1. 2. Pe	StudentParent/Guardian/Sponsor	1. Full Time
1. 2. Pe	StudentParent/Guardian/Sponsor ermanent Post Mail Address	1. Full Time
1. 2. Pe	E-mail Address: StudentParent/Guardian/Sponsor ermanent Post Mail Address	1. Full Time
1. 2 Pé	Student	1. Full Time 2. Part-Time 3. School Based 4. Distance Learning DETAILS OF GRADUATION PAYMENT NCBA Bank KCB
1. 2 Pro Did Go Na	E-mail Address: Student	1. Full Time 2. Part-Time 3. School Based 4. Distance Learning DETAILS OF GRADUATION PAYMENT NCBA Bank KCB CBK
1. 2 Pro Did Go Na	Student	1. Full Time

All completed forms to be delivered to the Examinations Office at Main Campus, Kibos