LAIKIPIA UNIVERSITY

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OFFICE OF THE REGISTRAR

(ACADEMIC AFFAIRS)

CERTIFICATE ISSUANCE FORM

(To be filled in duplicate: one perforated leaf for the Student Personal file and another form to be retained in the Certificate Release Book for records purposes at the Transcripts & Records Office)

A. STUDENT DETAILS

Names in full

1. …….. …….. ……
   Surname/Last Name First Others
2. ……. …… ……
   National ID. No. Admission/Reg. No. College/Campus

3. Classification (e.g. 1st class Honours)……
4. Graduation date……
5. Any correction needed – Yes/No. If yes indicate how it should be (attach copy of National Identity Card):
6. …… ……. ……..
   Surname/ Last Name First Others
7. I certify that the above information is true to the best of my knowledge and I,
   a) Have collected my Degree/Diploma Certificate
   b) Have not collected my Degree/Diploma Certificate
8. Contact Address……..……Telephone:…….
9. Student Signature……..……Date……..
10. Issuing officer:

    Name……..Sign:…..……Date:……

B. FOR OFFICIAL USE ONLY

CERTIFICATE SERIAL NUMBER: ……

…….. …… ……
REGISTRAR (AA) SIGNATURE DATE

Vision: *A University for Valued Transformation of Society*
Mission: *To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy*
Laikipia University is Certified to ISO 9001:2015 and ISO/IEC 27001:2013