NO. ON GRADUATION LIST…….

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