



OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

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

APPLICATION FOR GRADUATION (PAST COHORTS)

A. Student details (To be filled in BLOCK letters)

1.
 SURNAME FIRST NAME SECOND NAME
2. Registration No. ID No.
3. Phone. No. Gender County
4. Faculty Department.....
5. Name of Programme..... No. of Units
6. Year expected to graduate Academic Year:

B. Reason for not graduating (Tick as appropriate)

☐ Fees challenges (Attach fee balance statement)

☐ ill Health (Attach Medical Report)

☐ Incomplete Course (Specify the courses)

☐ Other Reason (Attach supporting documents)

Signature:

Date:

C. Department

I have assessed the request and the student qualifies to graduate /does not to graduate

Signature:

Date:

D. Dean, Faculty/School

I recommend/Do not recommend for graduation

Signature:

Date:

E. Registrar, Academic Affairs (Approved/Not Approved)

Signature:

Date: