



GREAT LAKES UNIVERSITY OF KISUMU OFFICE OF THE REGISTRAR ACADEMICS

Tel: +254 736550505

E-mail: registraracademics@gluk.ac.ke or admissions@gluk.ac.ke

P. O. Box 2224
Kisumu
Kenya

DECLARATION

I _____

National Identity Card Number _____

Do hereby declare that I have read the Rules and Regulations governing the Organization and Discipline of Students at Great Lakes University of Kisumu, have understood their content and meaning and undertake to abide by them.

SIGNATURE OF APPLICANT: _____

ADMISSION NUMBER: _____

DATE: _____

AND WITNESSED IN THE PRESENCE OF PARENT/GUARDIAN

NAME: _____

RELATIONSHIP: _____

NATIONAL IDENTITY CARD NO: _____

SIGNATURE: _____

DATE: _____

Please make a Photocopy of this form and fill in quadruplicate (Fill in 4 copies)