

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/RAA/036	
	Title: ACDEMIC CERTIFICATE REQUEST		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

A) STUDENT DETAILS

Name: _____ Reg. No. _____

Course: _____

Level: Certificate Diploma Undergraduate Post Graduate

B) APPROVAL

Processing Approved Not Approved

Head of Section: _____ Sign: _____ Date: _____

Systems Data Operator: _____ Sign: _____ Date: _____

C) COLLECTION

Due date for Collection: _____

I have hereby collected my Certificate Sr No. _____

Date: _____ Signature: _____

NOTE:

For replacement due to erroneous name and registration number that was not confirmed by the student, a penalty fee of KES. 1000/- shall be charged. Late collection of certificates (3 months after graduation) shall attract a charge of KES. 1000/-



TUM is ISO 9001:2015 Certified