

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form		Ref No.: TUM/Form/RAA/045
	Title: GRADUATION APPLICATION FORM		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 3	Revision No. 0	Date: 17th November 2025

(To be filled in Duplicate: Original to be retained by Student, duplicate to be filed in Student's file)

A) PARTICULARS OF THE GRADUAND

First Name: _____ Middle Name(s): _____

Last Name (Surname): _____

School/Institute: _____ Department: _____

Programme/Course Name: _____

Registration Number: _____ Semester of Completion: _____

Academic Year in which the Programme was completed: _____

B) GRADUATION CONFIRMATION

I Confirm that I will attend the Graduation Ceremony, and that I shall pay all the fees required before the set deadline day of (dd/mm/yyyy) _____

C) ORDER OF NAMES ON CERTIFICATE

I confirm the order of my name on the certificate to be:

First Name

Second Name

Other Name

Date: _____ Signature: _____

D) Contacts: Contact Address: _____

Cell Phone No: _____ E-mail address: _____