

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>	
	Document: Form	Ref No.: TUM/Form/RAA/045
	Title: GRADUATION APPLICATION	
	Department: REGISTRAR ACADEMIC AFFAIRS	
	Issue No. 2	Revision No. 0

(To be filled in Duplicate)

**A) PARTICULARS OF THE GRADUAND**

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Last Name (Surname): \_\_\_\_\_

Faculty/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 of day \_\_\_\_\_ month \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Original* - *Students File*

*Duplicate* - *Graduant*

