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INSTRUCTIONS

1. FILL IN QUADRUPLICATE. STUDENTS ARE ADVISED TO COMPLETE THE FORM EITHER AT THE END OF THE COURSE OR TERMINATION OF THE COURSE.
2. ALL SECTIONS OF THE FORM **MUST** BE COMPLETED.

PERSONAL DETAILS

Order of names in which they should appear on the Certificate:

ID. No: _____ Reg No: _____ Academic Year: _____

Email Address: _____ Mobile No: _____

Signature: _____ Date: _____

DEPARTMENT	OFFICER'S NAME	SIGNATURE	REMARKS
DEAN OF SCHOOL			
CHAIRPERSON OF DEPARTMENT			
LIBRARY			
ACCOMODATION			
ICT			
SPORTS AND CO-CURRICULAR ACTIVITIES			
DEAN OF STUDENTS			
FINANCE			

DVC - ACADEMIC & STUDENT AFFAIRS

REMARKS:

SIGNATURE / OFFICIAL STAMP

NB: One copy to be retained by the student and be presented when receiving gowns, academic certificate and transcript.