



OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS

P.O Box 3-0100 Thika Tel: +254-712-959-293, email: registrar@gretsauniversity.ac.ke

UNIVERSITY GRADUATION APPLICATION FORM

Please complete all sections and return to the Registrar's Office or registrar@gretsauniversity.ac.ke

Application for the (Month) _____ (Year) _____ Graduation

SECTION A: Applicant Personal Information

Name:

Last Name (Surname): _____

First Name: _____

Middle Name(s): _____

Registration Number _____ National ID/Passport Number: _____

Gender: _____ Nationality: _____

Email Address: _____ Cell Phone Number(s): _____

SECTION B: Applicant Academic Details

Program: _____

School: _____

Department: _____

Mode: of study _____ Campus: _____

Total number of Units/Courses Required to Graduate _____

Total Number of Units/Courses Completed and Passed (Attach transcripts): _____

Number of Units/Courses Completed and Passed

First Year: _____ Second Year: _____

Third Year (if applicable) _____ Fourth Year (if applicable) _____

Number of courses transferred (based on transcript): _____

Semester/Session and Academic Year of completion: _____

SECTION C : Applicant Declaration

I hereby declare that the information given in this form is *true and correct*. I understand that the university reserves the right to revoke my application if any discrepancies are found in my records.

Applicant's Signature _____ Date _____

SECTION D (For Official Use Only)

Department Chair

Verified information against departmental records: (Yes / No)

Recommendation for graduation: (Recommend / Do Not Recommend)

Name _____ Sign _____ Date&Stamp _____

Dean of School

I have assessed the request for graduation and I recommend / Do Not recommend for consideration.

Name _____ Sign _____ Date&Stamp _____

Director, ODEL, Collaboration and Academic Linkages (ODEL and Collaborating Institutions Students)

I have assessed the request for graduation and I recommend / Do Not recommend for consideration.

Name _____ Sign _____ Date&Stamp _____

Registrar, Academic Affairs

Application Received: _____

Documents Verified by: _____

Graduation Approval

Student Approved for Graduation: (Yes/No)

Name: _____ Sign _____ Date&Stamp _____

Caution to All Applicants

Please note that the following irregularities are prohibited and will lead to disqualification and further disciplinary action:

1. Claiming marks for units not validly registered in the semester they were taken.
2. Applying for graduation without completing studies by the stipulated semester and academic year.
3. Applying for graduation while on suspension or if discontinued.
4. Applying for graduation with more than one retake.
5. Providing false information in this application form.
6. Graduation fees must be paid 6 weeks before the graduation date.
7. To graduate in absentia, submit a written petition to the Registrar.
8. You are responsible for any errors of omission or commission in this form.
9. Deadline for submitting Graduation Applications is the last week of September.
10. All ODEL students and students from collaborating institutions must be cleared by the Director, ODEL,

Collaboration and Academic Linkages