



## OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS

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

### SEMESTER REGISTRATION FORM

#### SECTION A- STUDENTS DETAILS

Name of Student \_\_\_\_\_ Registration Number \_\_\_\_\_  
 Name of the School \_\_\_\_\_ Department \_\_\_\_\_  
 Year of the Study \_\_\_\_\_ Semester \_\_\_\_\_

#### SECTION B- STUDENT FINANCE

Semester's Fees \_\_\_\_\_ Previous Balance \_\_\_\_\_ Total Due \_\_\_\_\_  
 Amount Paid \_\_\_\_\_ Percentage (%) Paid \_\_\_\_\_ Balance \_\_\_\_\_

Receiving Officer

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

Remarks \_\_\_\_\_

#### SECTION C- SIGNING OF NOMINAL ROLL (Registrar's Office)

*(Applicable with evidence of 50% fees payment on the registration)*

Name of Student \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of the verifying officer \_\_\_\_\_ Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

*(Attach fully filled and approved semester's unit registration form)*

#### SECTION D- HOSTEL ALLOCATION (Dean of Students)

Name of the Hostel \_\_\_\_\_ Room Allocated \_\_\_\_\_

Name of the Allocating Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date & Stamp \_\_\_\_\_

#### Instructions

1. This form must be **completed by all students** as evidence of registration at the beginning of each Semester.
2. Failure to complete this form within the specified period will leave the University with no choice but to declare your **student status as deferred**
3. Evidence of fees **payment** should be presented to CoD and Registrar before signing of Nominal Roll.
4. Students who fail to register successfully will be required to defer their studies **formally**.
5. Two (2) copies of the duly filled forms should be submitted to the **Registrar** while the **student is left with one copy**.