



PRESBYTERIAN UNIVERSITY OF EAST AFRICA

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 Email: info@puea.ac.ke

GRADUATION REQUEST FORM

1. Apply in the semester you complete your program requirements. 2 Complete the form in blue or black ink & submit to the Registrar's office
3. The information on your graduation documents will be taken from this form exactly as you have written it. **Please print clearly**
- 4 Graduation fee (Kshs) must accompany this form or be paid in advance

P E R S O N A L	Student No		Student Full Legal Name		
	Date of Birth		Date of Enrollment		
	Telephone Number		Email address		
	Please send all my mail to the following address		Mailing Address(P.O Box)		
	School/ Department		Program	Specialization	Campus

C R E D E N T I A L S	Name (please print EXACTLY as you wish it to appear on your certificate)		
	I am applying to graduate from the following		
	Program	Completing as of:(dd/mm/yyyy)	NOTE: Requirements <u>MUST</u> be completed by end of September to attend the November ceremony
	Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post graduate <input type="checkbox"/> Masters <input type="checkbox"/>		
	specify other options if applicable(e.g Specializations)		

STUDENT SIGNATURE _____
 DATE _____

H.O.D _____ DATE _____

OFFICE USE ONLY				
Payment date	Program Code	Date Graduated	Date Certificate collected/ posted	Official Stamp/signature