



KSU/RAA/CRFA

# KISII UNIVERSITY

## OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

Phone: 0720 127 094

P. O. Box 408- 40200

Email: [acregistrar@kisiiversity.ac.ke](mailto:acregistrar@kisiiversity.ac.ke)

**KISII - KENYA**

### CERTIFICATE RELEASING FORM

(To be filled in Duplicate Original copy to Student File Duplicate to the Registrar's Office)

#### A. STUDENT DETAILS

1. Names in full

\_\_\_\_\_  
*Surname/Last*                      *First*                      *Others*  
National ID No. \_\_\_\_\_ Reg. No. \_\_\_\_\_

2. Faculty \_\_\_\_\_ Department \_\_\_\_\_

3. Degree/Diploma Awarded \_\_\_\_\_ Option Taken \_\_\_\_\_

4. Classification (e.g. 1<sup>st</sup> Class Hons) \_\_\_\_\_ Graduation Date \_\_\_\_\_

5. Congregation No. \_\_\_\_\_ Number on Graduation List \_\_\_\_\_

6. Certificate Details (Tick if applicable)

*Certificate is without erasure or mark*

*Certificate is without typing errors*

I certify that the above information is correct to the best of my knowledge and I have collected my degree/diploma.

**7. INDICATE ANY CORRECTIONS NEEDED – YES/NO. IF YES, INDICATE HOW IT SHOULD APPEAR.**

\_\_\_\_\_

\_\_\_\_\_

8. Contact Address

Box \_\_\_\_\_ Code \_\_\_\_\_ Telephone no \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### B. FOR OFFICIAL USE ONLY

Certificate Serial Number \_\_\_\_\_

\_\_\_\_\_  
*Registrar's Name*                      *Signature*                      *Date*



# KISII UNIVERSITY

## OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

Phone: 0720 127 094

P. O. Box 408- 40200

Email: [acregistrar@kisiiversity.ac.ke](mailto:acregistrar@kisiiversity.ac.ke)

**KISII - KENYA**

### TRANSCRIPT RELEASING FORM

(To be filled in Duplicate Original copy to Student File Duplicate to the Registrar's Office)

#### A. STUDENT DETAILS

1. Names in full

\_\_\_\_\_ *Surname/Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Others*

National ID No. \_\_\_\_\_ Reg. No. \_\_\_\_\_

2. Faculty \_\_\_\_\_ Department \_\_\_\_\_

3. Degree/Diploma Awarded \_\_\_\_\_ Option Taken \_\_\_\_\_

4. Date of admission \_\_\_\_\_ Graduation year \_\_\_\_\_

5. Final cumulative/average[%] \_\_\_\_\_

6. Congregation No. \_\_\_\_\_ Number on Graduation List \_\_\_\_\_

7. Transcript Details (Tick if applicable)

*Transcript is without erasure or mark*

*transcript is without typing errors*

I certify that the above information is correct to the best of my knowledge and I have collected my degree/diploma transcript.

**8. INDICATE ANY CORRECTIONS NEEDED – YES/NO. IF YES, INDICATE HOW IT SHOULD APPEAR.**

\_\_\_\_\_  
\_\_\_\_\_

9. Contact Address

Box \_\_\_\_\_ Code \_\_\_\_\_ Telephone no \_\_\_\_\_

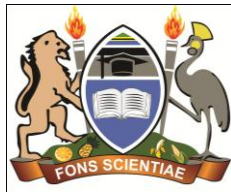
Student's Signature \_\_\_\_\_ Issue Date \_\_\_\_\_

#### C. FOR OFFICIAL USE ONLY

Date of print \_\_\_\_\_

\_\_\_\_\_  
*Registrar's Name* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Issue* \_\_\_\_\_ *Date*





# KISII UNIVERSITY

## OFFICE OF THE ACADEMIC REGISTRAR

Phone: 0720 127 094

Email: [acregistrar@kisiiversity.ac.ke](mailto:acregistrar@kisiiversity.ac.ke)

P. O. Box 408- 40200

KISII - KENYA

### FINAL CLEARANCE FOR COLLECTION OF CERTIFICATE

NAME OF GRADUATE .....

REG/ADMISSION .....ID NO. ....

PROGRAMME .....

DATE OF ENTRY ..... DATE OF GRADUATION .....

SIGNATURE ..... DATE .....

#### UNIVERSITY LIBRARY (MAIN CAMPUS)

I ..... Hereby confirm that the above named student does not owe the library any book/material or any fine(s) and is hereby cleared to collect his/her certificate.

Signature ..... Date .....

#### STUDENT FINANCE

I ..... Hereby confirm that the above named student does not owe the university any fees/fine(s) and is hereby cleared to collect his/her certificate.

Signature ..... Date .....

#### ACADEMIC AFFAIRS

Clearance confirmed by .....

Signature ..... Date .....

- NB.** 1. The other requirements/procedure for collection of academic certificates and final Academic transcripts remain valid.  
 2. This form is **Only Cleared at Main Campus.**

