



MERU UNIVERSITY OF SCIENCE & TECHNOLOGY

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Website: www.must.ac.ke Email: info@must.ac.ke

APPLICATION FOR GRADUATION

To be filled in duplicate (original to be submitted to Dean of School and copy to be retained by the applicant)

➔ Section **A** and **B** to be filled by the graduand and Section **C** for official use only.

SECTION A:

Graduand's details

School _____

1. Name (in full) _____
(Last/Surname) (First Name) (Middle Name) (s)

2. Reg. No. _____ Cell Phone No.(s) _____

3. E-Mail address _____

4. Masters/Bachelor/Diploma/Certificate Programme (*and option where applicable*):

5. Number of units completed _____

6. Semester/session and academic year in which the programme was completed
(Semester) _____ (AcademicYear) _____

7. Names to be printed on the Certificate in order of preference. (Graduands are advised to follow the order of names used in K.C.S.E certificate)

- First Name _____
- Middle Name _____
- Last Name _____

Student's Signature _____

Date _____

SECTION B:

Units Completed

8. Applicants must indicate all the units completed during the course and the semester when they were done.

S/NO	Unit Code	Unit Title	Semester	Year	Dean's Remarks
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		Total number of units completed			

Student's Signature _____ Date _____

SECTION C:

Official use only:

9. Ph.D/Masters/Bachelor/Diploma/Certificate to be awarded/conferred _____

Classification (*where applicable*) _____

Recommended/Not Recommended to graduate (*tick as appropriate*)

10. Dean of the School Signature _____ Date _____ School Stamp _____