



**ST PAUL'S UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMICS)**

For Official use Only

No of Units

Classification.....

.....
Dean Signature Date

Registration Verification

FORM AR-ACG 1: APPLICATION AND CLEARANCE FOR GRADUATION

(To fill in Four Copies: White to the Academics Registry, Green to Dean of Faculty/Campus Principal/Campus Coordinator, Blue to the Finance Department and Yellow to be retained by the applicant.)

SECTION A (Caution to all Applicants)

Please note that the following five irregularities are prohibited and will lead to disqualification and further disciplinary action against the applicants involved:-

1. Claiming marks in a unit or units not validly registered in the Semester they were taken.
2. Applying for graduation when one has not completed their studies by May to August semester.
3. Applying for graduation when one is either on suspension or has been discontinued from studying at the University.
4. Delegation of application for graduation to third parties.
5. Giving false information in this graduation application form

SECTION B (Applicant's Personal Details)

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

2. Faculty and Department _____

3. Name: _____
(Indicate clearly your full names in CAPITAL LETTERS as they will appear on your Certificate)

**NOTE: If your name has changed please explain why the change of Name plus Attach Evidence of Name Change e.g. Gazette Notice, Marriage Certificate, National Identification Card).
CHANGES MADE AFTER THE OFFICIAL CERTIFICATE HAS BEEN ISSUED WILL ATTRACT A CHARGE OF KSHS.5000.00.**

4. Registration Number _____

5. National ID/Passport Number _____

6. Cell Phone Number (s) _____

7. SPU E-Mail Address _____

8. a. Name of Programme _____

b. Specialization (where applicable) _____

SECTION C (Personal Declaration by Applicant)

I declare that the information given in this graduation form is true and correct, and that I have read and fully understood the irregularities and penalties contained in Section A above before submitting this application for graduation.

Applicant's Signature _____ Date _____

SECTION D (Head of Department [HOD] Clearance)

1. a. Name of Programme _____
b. Specialization (where applicable) _____
2. Number of units required to graduate _____ 3. Number of units completed _____
4. Classification _____
5. Graduation Recommended/Not Recommended to Senate _____
6. Semester/Session _____ and Academic Year _____ of completion.
7. HOD's Signature _____ Date _____
8. HOD's Stamp _____

SECTION E (Faculty Dean/Campus Principal/Campus Coordinator Clearance)

1. Signature _____ Date _____
Faculty Dean/Campus Principal/Campus Coordinator (Signature)
2. Stamp _____

SECTION F (Dean of Students Clearance)

Student does not have money or sports equipment

1. SPORTS (*where applicable*) _____ Date _____
Sports Department (Signature and Stamp)
2. SPUSA (*where applicable*) _____ Date _____
SPUSA Treasurer (Signature and Stamp)
3. Alumni (*where applicable*) _____ Date _____
Alumni officer (Signature and Stamp)

SECTION G (Library Clearance)

1. Books Returned _____ Date _____
Library (Signature and Stamp)

SECTION H (Administration Clearance)

1. Accommodation (*where applicable*) _____ Date _____
(House-keeping (Signature and Stamp)
2. Bookshop (*where applicable*) _____ Date _____
(Bookshop (Signature and Stamp)
3. Studio Radio/Television (*where applicable*) _____ Date _____
(Studio (Signature and Stamp)

SECTION I (Finance Clearance)

This is to confirm that the above named student has cleared the fees and other monies owed to this University.

Tuition Graduation

1. _____ Date _____
Finance Department (Signature and Stamp)

SECTION J (Registry Clearance)

1. Student ID Returned _____ Date _____
Registry (Signature and Stamp)