

The  
Management  
University  
of Africa



Sponsored by the Kenya Institute of Management

## GRADUATION FORM

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*Please print your name exactly as it will appear on your certificate and on the Graduation Program. (USE CAPITAL LETTERS ONLY)*

NAME:

\_\_\_\_\_

Admission Number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

E mail address \_\_\_\_\_

FULL TITLE OF DEGREE

\_\_\_\_\_

Specialization (if any)

\_\_\_\_\_

Do you intend to attend the graduation ceremony? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, please state the reason

\_\_\_\_\_

I testify that I have satisfied all the requirements for graduation and I agree that if proven otherwise, The Management University of Africa (MUA) will not grant my degree. I also understand that once my degree is conferred, no changes will be made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE RETURN DULY FILLED FORM TO THE REGISTRARS' OFFICE***