KENYA METHODIST UNIVERSITY
P.O Box 267 60200 - Meru - Kenya, Tel: +254-064-30301-31229, +254(0) 724256162
E-mail: academic.registrar@kemu.ac.ke Website: www.kemu.ac.ke

APPLICATION FOR CHANGE OF NAME ORDER

Instructions

1. ***Fill in duplicate – Student's File Copy and Student's Copy***
2. ***Attach copy of KCSE Certificate and National Identify Card/Passport***

SECTION I: STUDENTS DETAILS (COMPULSORY FIELDS)

Reg. No: ……..…..……..…..……. National ID/Passport No: …….

Mobile. No: ……..…..……..…..……. E-mail: ……..……

Current Name Order: ……..…..……..…..……..

Desired Name Order: ……..……

Provide Reason(s) for the request and attach necessary evidence (s): ……..……

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Student's Signature …….. Date: ……

NB: This form shall be filled any time before a student submits intent to graduate.

SECTION III: REGISTRAR, ACADEMIC AFFAIRS

Approved ☐ Not Approved ☐

If not approved, give reasons……..

……

Name …….…… Signature & Date (Stamp) ……

SECTION IV: RECORDS OFFICE

Confirm if the change has been Effected ☐ Not Effected ☐

If not effected, give reasons……

Name of Officer …… Signature & Date (Stamp) ……

Records Office *– Student's File*
Student's Copy