



Kaimosi Friends University (KAFU)

Office of the Registrar (Academic Affairs)

ACADEMIC CERTIFICATE/TRANSCRIPTS REQUISITION FORM

NAME _____ MOBILE NO _____

REG. No. _____ NATIONAL ID No _____

YEAR ADMITTED _____ YEAR GRADUATED _____

I REQUEST TO BE ISSUED WITH THE FOLLOWING ACADEMIC DOCUMENTS

(Tick as applicable)

1. Certificate: [☐]

2. Transcripts: Y1 [☐] Y2 [☐] Y3 [☐] Y4 [☐]

3. Any other(s) _____

REGISTRAR (ACADEMIC AFFAIRS)

1. Certificate issued [☐]

2. Transcripts issued [☐]

Other item(s) Returned by Student

MMUST Type ID [☐]

KAFU Visa Card (ID) [☐]

ISSUING OFFICER'S

NAME _____ SIGNATURE _____ DATE _____

RECEIVED BY:

NAME _____ SIGNATURE _____ DATE _____



Kaimosi Friends University (KAFU) is ISO 9001:2015 certified