



# SIAYA INSTITUTE OF TECHNOLOGY

P.O. BOX 1087 - 40600 SIAYA. TEL: 0112814143

Email: [info@siayainstitute.ac.ke](mailto:info@siayainstitute.ac.ke)

## OFFICE OF THE REGISTRAR - ACADEMICS AND TRAINING AFFAIRS GRADUATION APPLICATION FORM

Name..... Adm. No.....

National ID No..... Phone No..... Gender.....

Department..... Course .....

### EXAMINATIONS/ ASSESSMENTS

Module/Year	Year	Exams Series	Results Attained
E.g Module 1	E.g 2023	E.g November	E.g Distinction, Credit, Pass, Fail, Mastery, Proficiency, Not Yet Competent, Refer
Refers (If any)	Year	Exams Series	Status (Passed/Not Passed)

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

**FOR OFFICIAL USE ONLY**

**1. HEAD OF DEPARTMENT:**

I have assessed the request for graduation and I recommend/ do not recommend for consideration.

Reason if not considered \_\_\_\_\_

Name \_\_\_\_\_ Sign & Stamp \_\_\_\_\_

**2. EXAMINATIONS/ASSESSMENTS OFFICER**

I recommend/ do not recommend that the applicant may be considered for graduation scheduled for \_\_\_\_\_ as he/she has no pending Refer/Examination/ Assessment issue.

Name \_\_\_\_\_ Sign & Stamp \_\_\_\_\_

**3. FINANCE OFFICER**

The applicant may be considered/not be considered for graduation in \_\_\_\_\_. I have confirmed that **ALL** the Training & Examinations/ Assessment Fees have been **correctly** Billed and Paid.

Reason if not considered \_\_\_\_\_

Graduation Fee Paid (Ref. No.) \_\_\_\_\_

Name \_\_\_\_\_ Sign & Stamp \_\_\_\_\_

**4. REGISTRAR ACADEMICS & TRAINING AFFAIRS**

Remarks \_\_\_\_\_ Sign & Stamp \_\_\_\_\_