



KENYATTA UNIVERSITY

Directorate of Alumni Programmes

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Alumni Registration Form

The Directorate of Alumni Programmes is currently updating its database. The Purpose of this is to **know** our alumni, **connect** with them, **honourand involve** them in all university activities. To help us facilitate this process, we are requesting you to complete this form and submit it to us as soon as possible.

Title (Prof., Dr., Mr., Ms. etc)		Surname	
First Name		Middle Name	
Registration Number:		E-mail Address.....	
Surname (If different when at Campus)		Telephone No	
Current Address	Box No.		Post Code
	Town/City	County	Country:
Faculty/School 1. 2. 3.		Area of Specialization	
Qualification gained (BA, Bsc, MA, Ph.D etc) 4. 5. 6.			Year of Graduation 1. 2. 3.
Name of Current Employer/Organization if employed			Job Title
If self employed (Tick)			Company/Business name