



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, **honour and 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 via alumni@ku.ac.ke

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	

