

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>	
	Document: Form	Ref No.: TUM/Form/RAA/020
	Title: HIRE OF GRADUATION ATTIRE	
	Department: REGISTRAR ACADEMIC AFFAIRS	
	Issue No. 1	Revision No. 1

(To be filled in Triplicate)

**A) PARTICULARS OF GRADUAND/HIREE**

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_ Last Name (Surname): \_\_\_\_\_

Faculty/School/Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Programme/Course Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Academic Year of Completion: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

**B) COLLECTION OF THE GRADUATION ATTIRE**

I have collected the following items of the Academic Dress upon payment of  **Kshs. 6,700/- (Masters)**,  **Kshs.6,100/-(Bachelors)**,  **Kshs. 5,500/-(H Diploma/Diploma/Certificate)**  
*(Tick Appropriately)*

(i) Gown     ii Hood     iii. Cap     *(Tick Appropriately)*

Cleared by the Students Finance Office (Name): \_\_\_\_\_ Sign: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** I understand that the graduation attire should be returned not later than **14<sup>th</sup> January 2019**, failure to which a fine of **Kshs.500/-** per day will be surcharged. I undertake to ensure that items of each Academic Dress collected shall be in the same condition in which they were issued.

**Please do not Iron the Academic Dress.**



As Security, I deposit my National ID Card/Valid Passport/ Valid Driving License

Date Collected: \_\_\_\_\_ Signature: \_\_\_\_\_

Issuing Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Stamp:  
\_\_\_\_\_

**C) RETURNING OF THE GRADUATION ATTIRE**

I have returned the following items of the Academic Dress in good condition

- i.  Gown    ii.  Hood    iii.  Cap (*Tick Appropriately*)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

I have paid the following amount for failing to return the gown as per the stipulated deadline:

Number of days after the deadline: \_\_\_\_\_ Amount KShs.:  
\_\_\_\_\_

Receipt No.: \_\_\_\_\_ Receiving Officer: \_\_\_\_\_ Date:  
\_\_\_\_\_

Any Additional Comment: \_\_\_\_\_

- Original -            Student's File**
- Duplicate -        Graduand (To be produced before collecting the Certificate)**
- Triplicate -        For Alumni**

