



**MACHAKOS UNIVERSITY  
ALUMNI RELATIONS OFFICE  
ALUMNI REGISTRATION FORM**

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<b>TITLE</b>	<b>NAMES:</b>
<b>CONTACT INFORMATION</b>	
Email: .....	
Telephone No. .....	
<b>HOME / PERMANENT ADDRESS</b>	
P.O Box ..... Post Code .....	
County .....	
<b>WORK ADDRESS</b>	
P.O Box ..... Post Code .....	
County .....	
Name of Employer/ Organization .....	
Job Title .....	
<b>QUALIFICATIONS GAINED</b>	
Faculty/ School .....	
Qualification Gained .....	
Area of Specialization .....	
<b>APPROVED BY:</b> ..... <b>SIGNATURE:</b> .....	