



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

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