



MAASAI MARA ALUMNI ASSOCIATION

REGISTRATION FORM

Personal Details

Title (Please tick as appropriate) Prof. Dr. Rev. Mr. Mrs Miss Ms

Others (Specify)

Names

Institution at Graduation

Maasai Mara University

Other Institution

(Please specify) _____

Name at Graduation: _____

Gender: _____

Year of Graduation: _____

Degree/Diploma/Certificate awarded: _____

If above not applicable, please specify: _____

Contact Details

Physical Address: _____

Box. No. _____ Town/City _____ Code: _____

Email address: _____

Telephone No. (H) _____ (O) _____

Cell Phone: _____ Fax No. _____

Current Employer: _____

Position: _____

Signature: _____ Date: _____

NB: For more information contact: Registrar, Academic Affairs, at Main Campus

Tel:

Address: P.O. Box 861-20500, NAROK

Email: reg.aa@mmarau.ac.ke

Website: www.mmarau.ac.ke