



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

Email: reg.aa@mmarau.ac.ke

Website: www.mmarau.ac.ke

Tel:

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