



BISHOP OKULLU COLLEGE

Constituent College of:

Great Lakes University of Kisumu – (GLUK)

PRACTICUM REGISTRATION FORM

(a) Students Details

Name:	Student Admission No.
Cell phone Number:	E-Mail Address:
Area of Specialization	Institution / Church where you are Attached & Address: (Indicate the place/town and Sub-County also please)
Starting Date:	Ending Date:

(b) Supervisor Details (Where you are attached and should be filled by the supervisor)

Name:	Job Title/Position:
Mailing Address for the supervisor:	E-Mail Address: Cell phone Number:

Student Signature _____ Date _____

For Official Use Only:

(c) Finance Office

I Confirm that the student has paid the attachment fee.	
Finance Officer Signature _____	Date / Stamp _____

(d) Academic Dean

Name of the Bishop Okullu College Supervisor allocated _____
Academic Dean _____ Date / Stamp _____

Note: Once the form is duly filled, it should be submitted to the office of the Principal.