



INTER-FACULTY TRANSFER/CHANGE OF COURSE/INTER-CAMPUS REQUEST FORM

NAMEINDEX NO:

ADM NO/REG NO..... Course

DATE OF APPLICATION.....MOBILE NO.....

A. I hereby request for (Tick relevant option/s)

[] Change of Course From To

(Mandatory: Attach a copy of your KCSE result-slip/certificate for change of course request)

[] Change of Faculty From To

[] Change of Campus From To

Give specific reason(s) for the request

.....

Student's Signature:

Parent/Guardian's Consent

I (Parent/Guardian's Name) give consent to allow (Student's name) to change his/her course/campus/interfaculty transfer. (Parent/Guardian's Signature)



Official Approval:

A. Comment from the Dean of Faculty/School

.....

[] Approved

[] Not Approved

Signature:

B. Comment from the Registrar

[] Approved

[] Not Approved

Signature:

C. Student Finance

Signature: