



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

NAME: ..... INDEX NO: .....

COURSE: ..... ADM NO/REG NO: .....

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

Approved                       Not Approved                      **Signature:** .....