



JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY KISII CBD CAMPUS

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F-2-3-6-1

REGISTRATION FOR UNITS/COURSE

[To be completed in quadruplicate and distributed as follows: one copy for faculty, department, registry office and student retains a copy]

FACULTY: [COHRED/COHES/COPAS] **DEPARTMENT:** _____

NAME: _____

REGISTRATION: _____ **PHONE:** _____

PLACE OF RESIDENCE: a) Hostel around Town [b] Home [c] Rental Room Specify hostel/village/estate: _____

YEAR OF STUDY: 1ST 2ND 3RD 4TH [mark the applicable] **Semester:** _____ **Academic Year:** _____

Below all the course units to be taken during the semester including carry over unit[s]

REQUIRED UNITS

UNIT CODE NUMBER	UNIT TITLE/NAME
1. -----	-----
2. -----	-----
3. -----	-----
4. -----	-----
5. -----	-----
6. -----	-----
7. -----	-----
8. -----	-----
9. -----	-----
10. -----	-----

Additional units

11. -----

Notes: Every student must attend classes, Continuous Assessment Tests [CATS] which comprise practical's, tests, assignments in all relevant units for which they have registered no considerations will be given for other units from the above.

Student's signature: _____ **Date:** _____

Chairman's signature: _____ **Date:** _____

Director's signature: _____ **Date:** _____ **Stamp:** _____



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