



F-2-3-14-3

JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

MAIN CAMPUS: P.O BOX 62000,CITY SQUARE –NAIROBI 00200, KENYA TELEPHONE:067 5870001-4
KISII CBD CAMPUS: P.O BOX 268 (40200). Tel. 020-05831129, +254 0722795482. Fax no. 05831129.

Email- kisiicbd@jkuat.ac.ke, website: <http://www.jkuat.ac.ke>

POSTGRADUATE STUDENTS UNIT REGISTRATION FORM

[To Be Completed In Triplicate]

STUDENTS DETAILS

NAMES: {Full names }

REG. NO.....

PROGRAMME: MSC/PhD in..... [Field of Study]

YEAR OF STUDY: SEMESTER:

COLLEGE:

DEPARTMENT:

PHONE CONTACT:E-MAIL:

DECLARATION:

I do hereby undertake to: (i) attend classes and practical lessons (where applicable)

(ii) Submit assignments, sit for all CAT's and sit for examinations in the following units;

S/N0	UNIT CODE	UNIT TITLE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

Student's Signature.....Date:.....

COD's Approval Signature.....Date:.....

Administrator's Signature..... Date & Stamp:.....

Director BPS' Signature.....Date:.....

Copy to:(i)Dean/Director/Institute(ii)Chair of Department(iii)Director Board of Postgraduate Studies





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