



JOMO KENYATTA UNIVERSITY  
OF  
AGRICULTURE AND TECHNOLOGY  
P.O.BOX 81310-80100 MOMBASA  
TELEPHONE: 041-2315434/0705 628272  
MOMBASA CBD CAMPUS

CHANGE OF COURSE REQUEST FORM

I \_\_\_\_\_ Full Name

Registration No. \_\_\_\_\_ Academic Year \_\_\_\_\_

Campus \_\_\_\_\_

Course Title \_\_\_\_\_

Certificate/Diploma/Degree \_\_\_\_\_ Year/ Stage \_\_\_\_\_

\_\_\_\_\_ Faculty/School/Institute

\_\_\_\_\_ Department/Center

Request for change of course from \_\_\_\_\_

To \_\_\_\_\_

Reason(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Sign.....Date.....

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For Official Purposes Only

Recommended/Not Recommended \_\_\_\_\_ Principal/Director/Dean/COD

Committee

Remarks \_\_\_\_\_

Approved/Not Approved \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_