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**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND
TECHNOLOGY**

Information Technology Department

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STUDENTS UNITS REGISTRATION FORM

(To be filled by all students)

Surname: _____ Other Names: _____

Registration Number: _____ Academic year: _____ Certificate/Diploma/Degree: _____

Campus _____ Mobile: _____ Faculty/School/Institution: _____

Department/Center: _____

	UNIT CODE	UNIT TITLE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

Student sign..... Date.....

For official use only

Course Co-ordinator Date.....

Approved by: Date.....

Director/COD..... Date.....

