



**JOMO KENYATTA UNIVERSITY**  
**OF**  
**AGRICULTURE AND TECHNOLOGY**  
**P.O. BOX 62000-00200, CITY SQUARE NAIROBI**  
**TELEPHONE: (067) 5870001/2/3/4**  
**UNITS SELECTION FORM**

To be completed in duplicate

Surname Name:.....Other Names:.....

Reg.No:..... Course:.....

Year/ Stage:.....Semester:.....

Date of admission:.....Academic Year:.....

Telephone/ Mobile:..... Email:.....

Contact Address:.....

Indicate the core units registered for this semester:

S/No.	Unit Code	Unit Name
1.		
2.		
3.		
4.		
5.		

Indicate the elective units registered for this semester.

S/No.	Unit Code	Unit Name
1.		
2.		
3.		

Student signature:.....Date:.....

**For official use only**

Approved by COD

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Dean/Director

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_