



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

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Office of the Director, School of Open, Distance and eLearning

STUDENTS ENQUIRY FORM

STUDENT NAMES..... REG. NO

MOBILE NUMBER..... EMAIL ADD

CENTRE OF STUDY..... PROGRAMME OF STUDY

STAGE/YEAR/GRADUATED..... SEMESTER

SEMESTER OF ADMISSION.....

STUDENT'S REQUEST (Tick appropriately):

- Transcripts/Results slips (*Specify stage/year and/or semester*)
- Attachment letter (*Specify programme and year of study*)
- Graduation Certificates (*Specify Date of Graduation*)
- Admission letter (*Specify Date of Admission*)
- Semester Registration (*Specify semester of registration*)
- Completion Letter (*Specify last semester in class*)
- Any other (*Specify briefly*)

STUDENT'S SIGNATURE DATE

FOR OFFICIAL USE ONLY:

RECEIVING OFFICER..... ADMINISTRATOR RESPONSIBLE

RECEIVING OFFICER'S COMMENTS.....

.....

..... DATE

ADMINISTRATOR RESPONSE ACTION

.....

ADMINISTRATOR'S SIGNATURE DATE

DIRECTOR'S SIGNATURE DATE

