



JOMO KENYATTA UNIVERSITY
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STUDENT UNITS REGISTRATION FORM

SEMESTER: _____

I _____ (Full Names)
 (Surname) (Other Names)

Registration No.: _____

Centre of Study: _____

Name of Degree/Diploma/Certificate course: _____

Year/Stage/Cohort _____ Semester: _____
(Tick where applicable)

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

Student's Signature: Date:

Course / Centre Co-ordinator: Date:

Approved by: Date:

Director, SODEL: Date:

