



JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
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F-2-3-14-2

STUDENT UNIT REGISTRATION FORM

To be completed in duplicate

I _____ Full Name

Registration No. _____ Year _____

Campus _____

Programme _____

Certificate/Diploma/Degree _____ Year/stage _____

_____ Faculty/School/Institute

_____ Department/Center

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

Student sign.....

Date.....

Course co-ordinator.....

Date.....

Approved by.....

Date.....

Director/COD.....

Date.....