



JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
P.O. BOX 62000-00200, CITY SQUARE NAIROBI
TELEPHONE: (067) 52711 FAX (067) 52164 THIKA

F-2-59-2-2

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: _____