



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

P.O. BOX 62000-00200, CITY SQUARE, NAIROBI. TELEPHONE: (067) 5870001 - 4

COURSE TRANSFER/CHANGE REQUEST FORM

I.....(Full Name),
 Registration No:..... Academic Year:.....
 Campus:.....
 Course Title:.....
 Certificate/Diploma/Degree:..... Year/stage:.....
 College:..... School/Institute:.....
 Department.....
 Request for Campus/Inter-College/Inter-Department Transfer.....
 From Campus/Faculty/Department/Institute.....
 To Campus/College/Department.....
 Old Student New Student
 Reason(s).....

 Sign Date

For Official Purpose only

Principal /Director/Dean/COD

(I recommended/do not recommended) Reason:.....
 Signature.....Date.....

Committee

Remarks:.....
 Approved /Not Approved:.....
 Name:.....
 Signed:.....Date:.....