



JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
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MOMBASA CBD CAMPUS

CHANGE OF COURSE REQUEST FORM

I _____ Full Name

Registration No. _____ Academic Year _____

Campus _____

Course Title _____

Certificate/Diploma/Degree _____ Year/ Stage _____

_____ Faculty/School/Institute

_____ Department/Center

Request for change of course from _____

To _____

Reason(s) _____

Sign.....Date.....

For Official Purposes Only

Recommended/Not Recommended _____ Principal/Director/Dean/COD

Committee

Remarks _____

Approved/Not Approved _____

Name _____

Signed _____ Date _____