



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
P.O. BOX 62000-00200, CITY SQUARE NAIROBI. TELEPHONE: (067) 5870001/2/3/4**

STUDENT UNIT REGISTRATION FORM

To be completed in duplicate

Surname Name:.....Other Names:.....

Registration.No:.....AcademicYear.....

Campus:.....College:.....School/Institute:.....

Department:.....

Programme:.....

Certificate/Diploma/Degree:.....Year/stage:.....

| SN | UNIT CODE | UNIT TITLE |
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Student signature..... Date.....

Course co-ordinator..... Date.....

Approved by..... Date.....

Director/COD..... Date.....