

KyU/F/reg.(ASA/06)
KIRINYAGA UNIVERSITY
INTER/ INTRA SCHOOL TRANSFER FORM

(To attach relevant certificates)

Name:Registration No.:

Telephone:Address:

Academic Year:Current Programme:

Year/ Semester:Current School:

Current Department:

Request for Inter Faculty/Inter Department Transfer to;

Programme:Faculty/School:

Department:

Reason(s).....

.....

.....

Student signatureDate

For Official Purpose only

Recommended/Not Recommended:Dean/CoD (faculty transferring from)

Remarks:

Recommended/Not Recommended:Dean/CoD (faculty transferring to)

Remarks:

Programme requirements (Cluster Points):

Student's qualifications (Cluster Points):

Registrar, ASA remarks.....

.....transfer recommended / Not recommended

Approved/ Not Approved:

Name: _____ Sign _____ Date _____

Deputy Vice Chancellor, ASA

NB: Kindly note that you must attach a screenshot of the KUCCPS cluster points entailing that you qualify for the programme you apply, the main page showing degree cluster weights and a copy of your KCSE result slip.

