



OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENT AFFAIRS)

COURSE UNITS REGISTRATION FORM

YEAR OF STUDY _____ SESSION/SEMESTER _____ ACADEMIC YEAR _____

SCHOOL _____ PROGRAMME (e.g B.ED Arts) _____

STUDENT DETAILS: NAME _____ REG. NO. _____ MOBILE NO. _____

MAIL ADDRESS _____ GUARDIAN'S PHONE/ADDRESS _____

FINANCIAL OBLIGATIONS: AMOUNT PAID KSHS. _____ BALANCE (KSHS) _____ DATE PAID _____

CASHIER'S NAME: - _____ SIGN: _____ DATE/STAMP: _____

UNIVERSITY COMMON UNITS

CODES	TITTLE	INDICATE RETAKES(s)

SIGNED: (CHAIRMAN) _____ DATE/STAMP _____

DEPARTMENT: _____

CODES	TITTLE	INDICATE RETAKES(s)

SIGNED: (CHAIRMAN) _____ DATE/STAMP _____

DEPARTMENT: _____

CODES	TITTLE	INDICATE RETAKES(s)

SIGNED: (CHAIRMAN) _____ DATE/STAMP _____

DEPARTMENT: _____

CODES	TITTLE	INDICATE RETAKES(s)

SIGNED: (CHAIRMAN) _____ DATE/STAMP _____

STUDENT SIGNED: _____

DEAN OF SCHOOL, SIGNED: _____ DATE/STAMP _____

REGISTRAR'S OFFICE: Name _____ Signature _____ Date _____