



**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:.....