

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 signature .....Date .....

**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 \_\_\_\_\_

