

KyU/F/ Reg. (ASA)/05

**KIRINYAGA UNIVERSITY STUDENT
UNIT REGISTRATION FORM**

Name _____ Registration No. _____

Course _____ Academic Year _____

Year of Study _____ Semester _____

School _____

Department _____

SN	UNIT CODE	UNIT TITLE
1		
2		
3		
4		
5		
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10		

Student sign.....Date.....

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

HoS/CoD

