

CHUKA**UNIVERSITY**

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OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**INTERFACULTY/PROGRAMME TRANSFER FORM****NB: Please do not request for a transfer into a programme that you do not qualify for in terms of subject and cut-off points.**

This form should be returned to the DEAN of your current Faculty immediately after completion

NAME: (in full)..... **Registration No.**.....**FACULTY:** FAES, FBUST, FAHU, FERD & FSET (**Tick one**) **Tel No:**

DEGREE COURSE IN WHICH YOU WOULD LIKE TO BE TRANSFERRED TO:

1st Choice:.....Faculty:.....2nd Choice:.....Faculty:**Warning:***It is a criminal offense, which shall lead to disciplinary action and which may further lead to criminal proceedings in the court of Law to give any falsified information of your KCSE results.*

KCSE RESULTS (Attach a certified copy of your results slip)

SN	Subjects	Grade	Points	Remarks(Confirmed /Not Confirmed)
1				
2				
3				
4				
5				
6				
7				
8				

I _____ declare that I have read and understood the warning herein and that the information given in this form is true and correct.

Students Signature _____ Date: _____

FOR OFFICIAL USE ONLY

Faculty Recommendation

1st Choice Raw Cluster Points: _____ Weighted Cluster Points: _____ Remark: _____

2nd Choice Raw Cluster Points: _____ Weighted Cluster Points: _____ Remark: _____

Approved/Not Approved by the Dean, Faculty _____

Signed: _____ Date: _____

DEANS COMMITTEE RECOMMENDATION

1st Choice _____ Remark _____

2nd Choice _____ Remark _____

Signed: _____ Date: _____