



OFFICE OF THE REGISTRAR (ASA)

IB COURSE UNIT REGISTRATION FORM

YEAR OF STUDY: _____ SESSION _____ ACADEMIC YEAR: _____
SCHOOL: _____ PROGRAMME: _____ SUB COMBINATION: _____/_____

1. STUDENT DETAILS:

NAME: _____ REG. NO. _____ MOBILE NO. _____

2. FINANCIAL OBLIGATIONS:

AMOUNT PAID KSHS. _____ BALANCE (KSHS) _____ DATE PAID _____

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

3. UNIVERSITY COMMON UNITS:

UNIT CODES	TITLE	INDICATE RETAKE(S)

4. DEPARTMENT:

UNIT CODES	TITLE	INDICATE RETAKE (S)

5. DEPARTMENT:

UNIT CODES	TITLE	INDICATE RETAKE(S)

6. DEPARTMENT:

UNIT CODES	TITLE	INDICATE RETAKE (S)

STUDENT SIGNED: _____ DATE _____

IB PROGRAMME COORDINATOR SIGNED: _____ DATE/STAMP _____

DEAN OF SCHOOL SIGNED: _____ DATE/STAMP _____

REGISTRAR'S OFFICE NAME: _____ SIGNED: _____ DATE/STAMP _____