



OFFICE OF THE REGISTRAR ACADEMIC AND STUDENTS AFFAIRS
POST GRADUATE COURSE UNITS REGISTRATION FORM

YEAR OF STUDY.....SESSION/SEMESTER.....ACADEMIC YEAR.....
 SCHOOL.....PROGRAMME.....

1. STUDENTS DETAILS

NAME:..... REGNO.....MOBILE NO.....
 EMAIL ADDRESS.....GUARDIAN'S PHONE/ADDRESS.....

2. FINANCIAL OBLIGATION

AMOUNT PAID KSH.....BALANCE KSH.....DATE.....
 CASHIER'S NAME.....SIGN.....DATE/STAMP.....

3. UNITS REGISTERED

UNITS CODES **TITLE**

UNITS CODES							TITLE

CHAIRMAN, SIGNED.....DATE/STAMP.....

4. STUDENT, SIGNED.....DATE.....

5. DEAN OF SCHOOL, SIGNED.....DATE.....

6. REGISTRAR'S OFFICE

NAME.....SIGNATURE.....DATE/STAMP.....

CC. Dean, School of Graduate Studies

Registrar (Academic and Student Affairs)