

KIBABII UNIVERSITY – ISO 9001:2015 QUALITY MANAGEMENT SYSTEMS		
ISSUED FOR USE ON:	MAIN TITLE:INTERFACULTY/DEPARTMENTAL TRANSFER APPLICATION FORM	REF: KIBU-ACA-F-008

Office of the Registrar (Academic Affairs)

INTERFACULTY/DEPARTMENTAL TRANSFER APPLICATION FORM

Please Do not ask for a transfer into a Programme that you do not qualify for in terms of subject requirements or and KUCCPS weighted cluster points compared to KIBU cut offs points for your year of admission. This form should be returned to the Registrar Academic Affairs immediately after completion.

Name of Candidate:.....**Reg.No:**.....

Phone No:.....**Bachelor/Diploma/Certificate Programme to which you would like to transfer to:**.....

KCSE INDEX NO..... **KCPE Index No. (or Birth Cert. No.)**.....

WARNING:-

1. You will be disqualified if you submit application for transfer into more than one degree programme.
2. It is a criminal offence, which shall lead to disciplinary action and may further lead to criminal proceedings in a court of law if you give any falsified information of your KCSE Results.

KCSE RESULTS (*Attach a copy of your Result Slip*)

S/NO	SUBJECT	GRADE	POINTS
1			
2			
3			
4			
5			
6			
7			
8			

STUDENTS DECLARATION

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

Student's Signature..... Date.....

FOR OFFICIAL USE ONLY

REGISTRAR (AA)

Mean Grade..... AGG..... WCP.....COP.....

RECOMMENDED/NOT RECOMMENDED (Tick where applicable)

DEAN OF FACULTY/CENTER/SCHOOL

Considered by the Faculty, Center/School of.....

Signed..... (Approved/Not approved) Date.....

DEANS' COMMITTEE

Considered by the Deans Committee (Approved/Not Approved)

Signed Date.....

CHAIRMAN, DEANS' COMMITTEE