

**CHUKA****UNIVERSITY**

Telephones: 020 2310512/18

P. O. Box 109-60400, Chuka

Direct Telephone: 0202329073

**OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)****INTERFACULTY/PROGRAMME TRANSFER FORM****NB: Please do not ask 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**.....  
 (First) (Middle) (Last/Surname)

**Registration No.**.....**KCSE Index No.**..... **KCPE Index No.**.....

**Birth Certificate No.**..... **National ID No.**..... **Tel No:** .....

**FACULTY:** FAES, FBUST, FHSS, FERD, FSET & FLAW or **SCHOOL:** SNPH (**Tick one**)

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

1<sup>st</sup> Choice: .....Faculty: .....2<sup>nd</sup> 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**

1<sup>st</sup> Choice Raw Cluster Points: \_\_\_\_\_ Weighted Cluster Points: \_\_\_\_\_ Remark: \_\_\_\_\_

2<sup>nd</sup> Choice Raw Cluster Points: \_\_\_\_\_ Weighted Cluster Points: \_\_\_\_\_ Remark: \_\_\_\_\_

Approved/Not Approved by the Dean, Faculty \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DEANS COMMITTEE RECOMMENDATION**

1<sup>st</sup> Choice \_\_\_\_\_ Remark \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Remark \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_