

CHUKA



UNIVERSITY

Knowledge is Wealth (*Sapientia divitia est*) Akili ni Mali**OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

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P. O. Box 109-60400, Chuka

Website: www.chuka.ac.ke**INTER-FACULTY/PROGRAMME TRANSFER FORM**

NB: Late applications will not be considered. Please note that you will not be able to reverse or revoke your Inter-Faculty Transfer after it has been validated by the Kenya Universities and Colleges Central Placement Service (KUCCPS)

This form should be returned to the **Registrar Academic affairs (Admissions office Section)** immediately after completion.

First Name..... Middle Name..... Last Name/Surname.....

Reg/Admn. No.....KCSE Index No.....KCPE Index No.....

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

FACULTY/SCHOOL: FAGRI ☐, FESRD ☐, FBUST ☐, FHSS ☐, FERD ☐, FAST ☐, FENG ☐, SLAW ☐, SNPH ☐ (*Tick one*)

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

1st Choice: Faculty: (e.g. **FERD**)

2nd Choice: Faculty: (e.g. **FAST**)

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)

S/No.	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 SignatureDate:

FOR OFFICIAL USE ONLY**Registrar (Academic Affairs) Recommendation**1st Choice Raw Cluster Points:Weighted Cluster Points: Remark.....2nd Choice Raw Cluster Points:Weighted Cluster Points: Remark:**Approved/Not Approved by the Registrar (Academic Affairs)**

Signed: Date: