

CHUKA



UNIVERSITY

CU/ADM/FORM/9b

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

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UNDERGRADUATE RESIT EXAMINATION REGISTRATION FORM

INSTRUCTIONS: This form should be completed in Triplicate by each registered student

NAME: (in full)

REGISTRATION NO:

FACULTY

PROGRAMME: (e.g. B.Ed. Primary):

DEPARTMENT:

COURSES

SN	Course Code	Course Title	CF
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Student's Signature: Date: Phone no:

FOR OFFICIAL USE ONLY

The above information has been certified as correct by the undersigned.

Chairperson of Department: Sign: Date: Official Stamp:

Dean of the Faculty Sign: Date: Official Stamp:

Finance Department

(i) Total CF's approved @ Ksh Amount payable Ksh

(ii) Amount paid Ksh Receipt No.

(iii) Finance Officer's name Sign: Date: Official Stamp

Original- Registrar (AA)/Students File Copy

Duplicate-Faculty

Triplicate - Student

NB: No student will be allowed to sit for examinations unless he/she has cleared fees.