GARISSA UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENTS AFFAIRS)

INTER/INTRA SCHOOL/DEPARTMENT TRANSFER FORM

Name _____

Surname **First** **Other**

Registration Number:_____

Programme admitted to:_____School_____

Programme requesting to transfer to: _____School_____

Indicate the reason(s) for changing the course_____

_____

INSTRUCTIONS/WARNING

1. Attach a copy of your **KCSE Results Slip**
2. **Do Not** ask for transfer into a Progamme that you do not qualify for admission in terms of subjects cluster and cut-off points
3. Please note that you will be disqualified if you submit application for transfer into **More Than One** Programme
4. It is criminal offense to give falsified information of your KCSE results and shall lead to disciplinary action. It may also lead to criminal proceedings preferred in a Court of Law.

I.....declare that I have read and understood the instructions/warning herein and that the information given in this form is true and correct to the best of my knowledge.

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

This form should be returned to the HoD Office where you wish To Transfer To before the given deadline. Forms returned after the deadline will not be considered.

FOR OFFICIAL USE ONLY

a) HoD OFFICE

Weighted cluster points: .....

Cut of points: .....

Qualified/ Not Qualified: .....

b) DEANS COMMITTEE

Considered by the Deans Committee: **Approved/Not Approved**

Registrar, ASA: Signature..... Date.....

New Admission Number .....

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