KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)
COURSE REGISTRATION – POSTGRADUATE

SEMIESTER: ........................................ ACADMIC YEAR: ........................................

NOTE:

1. Complete two (2) copies

2. After the Dean of your School has signed the two (2) copies, distribute as follows:

   (a) One to the Dean of School.

   (b) Retain one copy for record purpose.

3. Ensure that you register for units being offered during the current semesters including retake units. Indicate retakes by letter “R” or Re-Retake by “RR”

4. Withdrawal from a unit will only be accepted within the first two weeks of the semester.

STUDENT’S DETAILS

NAME: __________________________ REGISTRATION NO. __________________________

YEAR OF STUDY: __________________________ (I, II)

HOSTEL AND ROOM NO.: __________________________ (STATE IF NON-RESIDENT)

YOUR DEPARTMENT: __________________________

COURSE UNITS: __________________________

2. UNIT CODE  TITLE

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SIGNED: __________________________ DATE: __________________________

( STUDENT)

SIGNED: __________________________ DATE: __________________________

(CHAIRMAN)

ONLINE REGISTRATION

SIGNED: __________________________ DATE: __________________________

(DEAN OF SCHOOL)