



KENYATTA UNIVERSITY

EXTRA UNIT APPLICATION FORM - For Regular Students

(To be filled in Triplicates)

SCHOOL OF

1. a) NAME-----REG. NO.-----
b) Semester-----Academic Year-----
Unit Code-----Unit Title-----
Signature-----Date-----
c) Indicate Cumulative Mean Grade of previous Academic Year-----

2. CHAIRPERSON OF DEPARTMENT OF

- a) Confirm that the above Unit is on offer in the current semester (Please Tick appropriately)

ON OFFER ()

NOT ON OFFER ()

- b) RECOMMENDATION BY THE DEPARTMENT (Please Tick appropriately)

i) Recommended () (ii) Not recommended ()

Any other comment:-----

NAME-----SIGNATURE-----

(Head of Department)

DATE /OFFICIAL STAMP-----

3. DEAN OF THE SCHOOL OF

- a) Confirmation of the cumulative mean Grade of the Applicant-----

b) Approved () Not approved () (Please Tick appropriately)

Any other comment-----

DEAN, SCHOOL OF

DATE/OFFICIAL STAMP-----

SIGNATURE-----



4. STUDENTS FINANCE SECTION

a) INVOICE BY STUDENT FINANCE FOR EXTRA UNIT

Amount payable Kshs.-----Name-----

SIGNED ----- DATE /OFFICIAL STAMP-----

b) CERTIFICATION OF PAYMENT:

This is to certify that the above student has paid fees for the requested extra Unit (8th Unit for Regular Programme)

NAME OF OFFICER-----SIGNATURE-----

DATE/OFFICIAL STAMP-----

5. RECOMMENDATION BY REGISTRAR (ACADEMIC)

Head of the relevant Admissions Section:

NAME-----SIGNATURE-----

DATE/STAMP-----

6. CONFIRMATION OF REGISTRATION BY DEAN OF SCHOOL

Name of Dean/Examination Officer-----

SIGNATURE-----

DATE/OFFICIAL STAMP-----

Please Dispatch as follows:

- Registrar Academic
- Dean of the School of-----
- Extra copy for the applicant (Student)

