



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

SEMESTER: ACADEMIC 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**

SIGNED: _____ DATE: _____
(STUDENT)

SIGNED: _____ DATE: _____
(CHAIRMAN)

ONLINE REGISTRATION

SIGNED: _____ DATE: _____
(DEAN OF SCHOOL)