



JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY
OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

Tel.057-2501804; Fax: 057 2523851
E-mail: racademic@jooust.ac.ke

P.O.BOX 210-40601
BONDO

INTER/INTRA SCHOOL PROGRAMME TRANSFER REQUEST FORM

I (Full Name)
Registration Number:.....Academic Year :.....
Programme:.....
Degree:.....
Department:.....
School:.....
Telephone/Mobile Number:.....

Request to Transfer to:

Programme:
Department:.....
School:.....
New/Continuing Student (Tick as Appropriate):.....
Reason(s) for Transfer:.....

Sign:..... Date:.....
(N/B: Attach copy of your KCSE certificate /Transcripts and indicate your KUCCPS password or KCPE index number)

FOR OFFICIAL USE

Dean of the School:
Recommended/Not Recommended:.....Signature:.....Date:.....

Deans Committee:
Approved/Not Approved:..... Signature..... Date:.....