



Kenya School of Revenue
Administration



KENYA REVENUE
AUTHORITY

CAMPUS TRANSFER STUDY FORM

Complete Part A of the Form

PART A : TO BE FILLED BY APPLICANT ONLY

First	Middle	Last
Registration Number:		Date:
Phone Number:	Email address:	
Current Campus and Programme:		
Preferred Campus and Programme:		
Department (Customs/Tax /EACFFPC):		
Semester (January /May/September):		
Reason (s) for Transfer :		

PART B : FOR OFFICIAL USE ONLY

Recommended: Not Recommended:

Head of Department Comments (Current Campus):	
Date:	Sign:
Remarks by Registrar:	
Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
Date:	Sign:
Principal:	
Date :	Sign: