Kenya School of Revenue Administration

KENYA REVENUE AUTHORITY

PROGRAMME ADVANCEMENT FORM

Complete Part A of the Form

PART A : TO BE FILLED BY APPLICANT ONLY

First Name	Middle Name	Last Name

Registration Number:	Date:

Phone Number:	Email address:

Programme:	

Department (Customs/Tax /EACFFPC):

Semester (January /May/September):

Reason (s) for Absence:

PART B : FOR OFFICIAL USE ONLY

Recommended: ☐   **Not Recommended:** ☐

Head of Department Comments:

Intake to Join:

Remarks by Registrar:

Approved: ☐   **Not Approved:** ☐

Date :	Sign: