KENYA REVENUE AUTHORITY

Kenya School of Revenue Administration

PROGRAMME TRANSFER 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:
Current Course and Study Mode:	
Department (Customs/Tax /EACFFPC):	
Semester (January /May/September):	
New Course and Study Mode:	
Commencement Date:	

PART B : FOR OFFICIAL USE ONLY

Head of Department Comments (Receiving Department):

Approved: ☐   Not Approved: ☐

Date:	Sign:

Head of Department Comments (Receiving Department):

Approved: ☐   Not Approved: ☐

Date:	Sign:

Remarks by Registrar:

Approved: ☐   Not Approved: ☐

Date:	Sign: