



**KENYA SCHOOL OF REVENUE ADMINISTRATION
ACADEMIC AFFAIRS DIVISION**

CAMPUS TRANSFER FORM

PART A: TO BE FILLED BY APPLICANT

- (a) NAME:.....
- (b) REGISTRATION NUMBER:.....
- (c) PHONE NO & E-MAIL ADDRESS.....
- (d) CURRENT CAMPUS AND PROGRAMME.....
.....
- (e) PREFERRED CAMPUS AND PROGRAMME
.....
- (f) PROGRAMME:.....
- (g) DEPARTMENT:.....
- (h) DATE:.....
- SEMESTER(JAN/MAY/SEP) :.....:
- REASON(S) FOR TRANSFER.....
- COMMENCEMENT DATE:.....

PART B: OFFICIAL USE ONLY

COMMENTS BY HEAD OF DEPARTMENT (CURRENT CAMPUS)

.....

Date.....

Sign.....

REGISTRAR

APPROVED / NOT APPROVED

Date.....

Sign.....

PRINCIPAL/DEAN OF STUDIES

Date.....

Sign.....