



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

PROGRAMME ADVANCEMENT FORM

PART A: TO BE FILLED BY APPLICANT

- (a) NAME:.....
- (b) REGISTRATION NUMBER:.....
- (c) PHONE NO & E-MAIL ADDRESS.....
- (d) PROGRAMME:.....
- (e) DEPARTMENT:.....
- (f) DATE:.....

- SEMESTER (JAN/MAY/SEP) :.....:
- CURRENT COURSE AND STUDY MODE:.....
- NEW COURSE AND STUDY MODE:.....
- COMMENCEMENT DATE:.....

PART B: OFFICIAL USE ONLY

COMMENTS BY HEAD OF DEPARTMENT (RECEIVING DEPARTMENT).....
.....

Date..... Sign.....

COMMENTS BY HEAD OF DEPARTMENT (CURRENT DEPARTMENT).....
.....

Date..... Sign.....

REGISTRAR..... APPROVED / NOT APPROVED

Date..... Sign.....