



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

REGISTRATION FORM (Continuing Students Only)

Student Name: _____ Admission No.: _____

Email Address: _____ Mobile No: _____

A. Campus

Campus Name: KESRA Nairobi KESRA Mombasa

B. Fee Payment

Semester: SEM I SEM II SEM III SEM IV SEM V SEM VI

Amount paid _____

Receipt No. _____

Name of officer certifying _____ Date _____ Signature _____

Remarks _____

NOTE: FEES ONCE PAID IS NOT REFUNDABLE

C. Course Registration

Course registering for _____

I am registering for the course beginning: Jan May Sep

Course units/codes:

1)

2).....

3).....

4).....

5).....

6).....

Mode of Study: Evening Day Weekend eLearning

D. For official Use Only

I declare that this Student is duly registered and cleared to attend classes.

Name _____ Signature _____