

	TECHNICAL UNIVERSITY OF MOMBASA	
	Document: Form	Ref No.: TUM/Form/RAA/052
	Title: INTER FACULTY / CHANGE OF COURSE FORM	
	Department: REGISTRAR ACADEMIC AFFAIRS	
	Issue No. 1	Revision No. 0
Date: 20th September 2023		

SECTION A (TO BE FILLED BY THE STUDENT)

Part 1: Student Personal Details:

Name KCSE Index No:
 Course Admitted Reg. No.: Year Semester
 Telephone no: Email: Date:

Part 2: Course Admitted: Faculty/School/Institute:
 Course transferring to: Faculty/School/Institute.....

Applicants' Cut off points..... CUT of Points for Course Requested

SECTION B (OFFICIAL USE)

Part 1: CODs remarks (Course transferring to)

{A} Approved: Reasons: {B} Not approved: Reasons:.....
 Name..... Signature Date/Stamp

Part 2: Deans comments (Course transferring to)

{A} Approved: Reasons: {B} Not approved: Reasons:
 Name..... Signature Date/Stamp

Part 3: Deans Committee remarks:

Approved: Not Approved:
 Name..... Signature Date/Stamp

Part 4: Registrar's Comments

.....
 Name..... Signature Date/Stamp

Part 5: Students Registry Officer

Effected in the system Not Effected

New registration number issued:	Not issued:
Name: Signature..... Date/Stamp	

Conditions for change of course

1. Meeting the minimum cut off points for the programmed transferring to.
2. Availability of space in the programme transferring to.
3. Gender consideration
4. Payment of none refundable fees of **Kes:1000/=**.
5. Any other consideration adopted by the Deans Committee

