



**KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)**

COURSE REGISTRATION ADJUSTMENT FORM

PERSONAL DETAILS

Name: _____ Admission No.: _____

Academic Year: _____ Semester: _____

I would like to adjust my course registration form as follows:

CHANGE OF UNITS

	FROM		TO	
	CODE	UNIT NAME	CODE	UNIT NAME
1.				
2.				
3.				

Recommended (Chairperson of Department): _____ Date/Stamp: _____

ADDITION OF UNITS

	CODE	UNIT TITLE
1.		
2.		
3.		
4.		
5.		

WITHDRAWAL OF UNITS

	CODE	UNIT TITLE
1.		
2.		
3.		
4.		
5.		

Recommended (Chairperson of Department): _____ Date/Stamp: _____

Students Signature: _____ Date: _____

DEAN'S APPROVAL

I certify that the above student has been allowed to make the above changes.

Signature: _____ Date/Stamp: _____