



**KAIMOSI FRIENDS UNIVERSITY (KAFU)**

***OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)***

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**CREDIT TRANSFER FORM**

**APPLICANT'S DETAILS**

Applicant's Name..... Email.....  
Registration Number..... Phone No.....  
School/Faculty..... Department.....  
Nationality..... ID/Passport.....  
Gender: Male (        )                      Female (        )

**PREVIOUS INSTITUTION**

Name of Institution.....  
Registration Number.....  
School..... Department.....

**REASONS FOR LEAVING PREVIOUS INSTITUTION**

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Each applicant shall pay a fee of Ksh. 1,000/= for application.

**TRANSFERABLE CREDITS****CORE COURSE CODES AND TITLES**

COURSE CODE AND TITLE IN PREVIOUS INSTITUTION	CREDITS	EQUIVALENT COURSE CODE AND TITLE IN KAFU	TRANSFERABLE CREDITS
SUB-TOTAL CREDITS		SUB-TOTAL CREDITS	

**ELECTIVE COURSE CODES AND TITLES**

COURSE CODE AND TITLE IN PREVIOUS INSTITUTION	CREDITS	EQUIVALENT COURSE CODE AND TITLE IN KAFU	TRANSFERABLE CREDITS
SUB-TOTAL CREDITS		SUB-TOTAL CREDITS	

**CREDIT TRANSFER ANALYSIS**

PERCENTAGE OF CREDIT TRANSFERRED (C/B) x 100 = .....%

**RECOMMENDATION BY CHAIR OF DEPARTMENT**

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DEPARTMENT: .....

NAME OF CoD: .....

SIGN: ..... DATE: .....

**RECOMMENDATION BY DEAN OF SCHOOL**

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NAME: .....

SIGN: ..... DATE: .....

RECOMMENDATION BY DIRECTOR, SCHOOL OF GRADUATE STUDIES (WHERE  
APPLICABLE)

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NAME:

.....

SIGN: ..... DATE: .....

APPROVAL BY DEANS COMMITTEE

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MINUTE NO: .....

DATE OF MEETING: .....

APPROVAL BY SENATE

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MINUTE NO: .....

DATE OF MEETING: .....

DEPUTY VICE CHANCELLOR (A&SA) .....

SIGNATURE..... D ATE.....



*Kaimosi Friends University (KAFU) is ISO 9001:2015 certified*