



KAIMOSI FRIENDS UNIVERSITY (KAFU)

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

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.

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:

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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..... DATE.....



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