

UNIVERSITY OF EASTERN AFRICA, BARATON
P.O Box 2500-30100
ELDORET
CHARTERED LEGAL NOTICE No. 111, 1991

CAMPUS TRANSFER FORM

STUDENT'S NAME: _____ STUDENT ID NO. _____

Major _____ Date _____

Transfer from: _____ To: _____

Date of Admission: _____

Reason for Transfer

I certify that the information I have given above is correct to the best of my knowledge.

Student's Signature _____ Date _____

INSTRUCTIONS:

- A) The student should attach a consent letter from the sponsor(s). No action will be taken if consent letter from the sponsor(s) is not attached.
- B) Fill the form in triplicate.

Department Chairperson's Signature: _____

Date

School Dean _____

Name

Signature

Date

Registrar's Approval _____

Name

Signature

Date

One copy (Registrar)

One copy (Department)

One copy (Student)