



SOUTH EASTERN KENYA UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AND STUDENTS AFFAIRS)

INTER/INTRA SCHOOL TRANSFER REQUEST FORM

NOTE:

The Inter/Intra-School transfer for should be completed, scanned in PDF and e-mailed to admissions@seku.ac.ke

Name: _____ Reg. No: _____

KCSE Index: _____ E-mail address _____

Degree Programme admitted to: _____

School: _____

I wish to request to transfer to the following Degree programme:

OFFICIAL USE

Accepted/Not Accepted (tick as appropriate by the receiving Dean)

Dean School: _____ Signature: _____

Date and Stamp: _____

Deans Committee

Approved/Not Approved by Deans Committee

Date: _____ Signature: _____

