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INTER/INTRA SCHOOL/PROGRAMME TRANSFER REQUEST FORM

I _____ Full Name

Registration No. _____ Academic Year _____

Programme _____

Degree _____

School _____

Department/Programme _____

Transfer

From Department/Programme _____

To Department/Programme _____

New/Continuing Student (**Tick as appropriate**) _____

Reason(s) _____

Sign..... Date.....

NB: Attach copies of your academic certificates/Transcripts

FOR OFFICIAL USE ONLY

Recommended/Not Recommended _____ Dean/ Programme Coordinator

Remarks _____

Signature _____ Date _____

Deans Committee

Approved/Not Approved _____

Signed _____

Date _____