



**TECHNICAL UNIVERSITY OF MOMBASA**  
*Office of the Registrar (Academic Affairs)*  
(To be filled in Quadruplicate)  
**RE-ADMISSION FORM**

**SECTION A (TO BE FILLED BY THE STUDENT)**

**Part 1:**

**Student Personal Details:**

Name ..... Reg. No. ....

Course ..... Year ..... Semester .....

Address ..... Tel ..... Email: .....

**PART 2:**

Course to be Admitted: .....

Reason(s):.....

**SECTION B (OFFICIAL USE)**

**Part 1:**

CODs Comments: .....

Class code to be admitted:: .....

Name.....Signature ..... Date/Stamp .....

**Part 2:**

Deans Comments

.....

Name.....Signature ..... Date/Stamp .....

**PART 3:**

Registrar's comments

.....

Name.....Signature ..... Date/Stamp .....

**PART 4:**

Students Registry Officer

Effected in the system  Not Effected

Name: .....Signature..... Date/Stamp .....

*Cc: Chairperson of Department, Dean of Faculty, Finance Office, Students Registry.*



**TUM is ISO 9001:2015 Certified**

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