



**TECHNICAL UNIVERSITY OF MOMBASA**

**INTER/INTRA FACULTY TRANSFER FORM**  
*(To be filled in Quadruplet)*

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

**Part 1: Student Personal Details:**

Name ..... KCSE Index No: .....

Current Reg. No.: ..... Year of Study..... Semester .....

Telephone No: ..... Email: .....Date: .....

Part 2: Programme Admitted: ..... Faculty/School/Institute: .....

Programme transferring to: .....Faculty/School/Institute.....

Cut off points (Programme transferring to) ..... Applicants' points .....

**SECTION B (OFFICIAL USE)**

**Part 1: CODs remarks (Course transferring to :)**

Approved:  Not approved:  If Not Approved, Reason(s): .....

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

**Part 2: Dean's comments (Course transferring to :)**

Approved:  Not approved:  If Not Approved, Reason(s): .....

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

**Part 3: Deans Committee remarks:**

Approved:  Not approved:  If Not Approved, Reason(s): .....

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

**Part 4: Students Registry Officer**

Effected in the system  Not Effected

**New registration number issued: ..... Not issued: .....**

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

**Conditions for change of course**

1. Applicant **MUST** meet the minimum cut off points for the Programme transferring to.
2. Availability of space in the Programme transferring to.
3. Gender consideration
4. Payment of none refundable Transfer fee of **KES 500/=**.