REF: MMU/F/AD/- 012



MULTIMEDIA UNIVERSITY OF KENYA

P O Box 15653-00503, Nairobi, Magadi Road, Kenya Tel. +254 2071391 Fax: +254 2071247 (MMU is ISO 9001:2015 Certified)

Office of the Registrar, Academic Affairs Email: registraraa@mmu.ac.ke

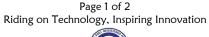
INTER/INTRA-FACULTY TRANSFER APPLICATION FORM

A. INSTRUCTIONS

- 1. Complete Section B of the application form
- 2. Attach a copy of your KCSE Result slip
- 3. Submit the form to Admissions Office

B. APPLICANT'S SECTION

KCSE Index Number:	Birth Certificate No:	KCPE Index:
Surname:	Other Names:	
Mobile Number:	Admission No.	
Name of Faculty Transferring for	om:	
Faculty:		
Programme:		
Name of Faculty Transferring to		
Faculty:		
Programme:		
Reason(s) for		
Signature:	Date:	





SEPTEMBER, 2024 INTAKE

C. OFFICIAL USE ONLY:

1. REGISTRAR ACADEMIC AFFAIRS

MMU Cut off Points (COP)	Candidates Weighted Cluster Points (WCP)	Qualified	Not Qualified	
Name			2-1-	
Name: Date:				
2. ENDORSEMENT BY THE DEPARTMENT & FACULTY THE STUDENT IS TRANSFERING FROM:				
Transfer Recommended: Yes No		Transfer Approved: Y	es No	
Endorsing Chair of Department (COD):		Endorsing Dean of Faculty:		
Name:		Name:		
Signature: Date:		Signature: Date:		
3. ENDORSEMENT BY THE DEPARTMENT AND FACULTY THE STUDENT IS TRANSFERING TO:				
Transfer Recommende	ed: Yes No	Transfer Approved : Y	es No	
Endorsing Chair of Department (COD):		Endorsing Dean of Faculty:		
Name:		Name:		
Signature: Date:		Signature:	Date:	