



MULTIMEDIA UNIVERSITY OF KENYA
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(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 this application form in full.
2. Attach a clear copy of your **KCSE Result Slip**.
3. Submit the duly completed form to the **Chair of Department** and **Dean of Faculty** of your current programme and the Faculty you are Transferring to for endorsement.
4. After endorsement by the relevant Department and Faculty, submit the form to the **Admissions Office** for processing.

B. APPLICANT'S SECTION

KCSE Index Number:..... Birth Certificate No: KCPE Index:.....

Surname: Other Names:.....

Mobile Number: Admission No.

Name of Faculty Transferring from:

Faculty:.....

Programme:.....

Name of Faculty Transferring to:

Faculty:.....

Programme:.....

Reason(s) for

transfer:

.....

.....

.....

Signature:.....Date:.....

PLEASE NOTE that you will not be able to reverse or revoke your Inter-Faculty Transfer once it has been validated by KUCCPS.



SEPTEMBER, 2025 INTAKE

OFFICIAL USE ONLY:

1. REGISTRAR ACADEMIC AFFAIRS

MMU Cut off Points (COP)	Candidates Weighted Cluster Points (WCP)	Qualified	Not Qualified
Name:..... Signature: Date:			

2. ENDORSEMENT BY THE DEPARTMENT & FACULTY THE STUDENT IS TRANSFERING FROM:

Transfer Recommended: Yes <input type="checkbox"/> No <input type="checkbox"/>	Transfer Approved : Yes <input type="checkbox"/> No <input type="checkbox"/>
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 Recommended: Yes <input type="checkbox"/> No <input type="checkbox"/>	Transfer Approved : Yes <input type="checkbox"/> No <input type="checkbox"/>
Endorsing Chair of Department (COD):	Endorsing Dean of Faculty:
Name:.....	Name:.....
Signature: Date:	Signature: Date:

