



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: registrar@mmu.ac.ke

NOTICE

09 SEP 2019

FROM: REGISTRAR, ACADEMIC AFFAIRS
TO: ALL NEW STUDENTS
REF: MMU/REG.AA/TRANS/VOL.1
DATE: 9TH SEPTEMBER, 2019
SUBJECT: INTER/INTRA FACULTY TRANSFERS - 2019/2020 ACADEMIC YEAR

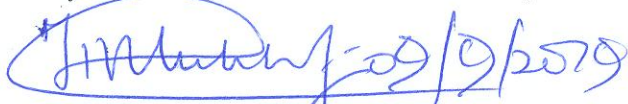
This is to inform all new students wishing to apply for change of course after the September, 2019 intake that the deadline for applying is Tuesday 17th September 2019.

PROCEDURE

You are required to download the inter/Intra-faculty transfer form from the University website (www.mmu.ac.ke) or pick the form from MMU Printery at a fee, and submit to the office of Registrar, Academic Affairs by Tuesday 17th September 2019 for processing.

It is important to note that only those students who have already registered and who meet the CUT-OFF-POINTS (COP) for the specific courses they are seeking to transfer to, will be considered subject to AVAILABILITY OF SPACE.

The relevant committee of the University will meet to consider the applications on Wednesday 25th September, 2019 and results will be communicated to the students on Thursday 26th September, 2019 to facilitate timely transfer.


DR. JOASH K. MULABE, Ph.D,
REGISTRAR, ACADEMIC AFFAIRS



Riding on Technology, Inspiring Innovation





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INTER/INTRA-FACULTY TRANSFER APPLICATION FORM

APPLICANT SECTION

KCSE Index Number:..... KCSE Year:KUCCPS Password:.....
Surname: Other Names:.....
Mobile Number:

NB: Please attach a copy of your KCSE Result Slip

Transferring from:

Name of Faculty Admitted to:.....
Programme Registered in:.....

Reason for application for transfer:

.....
.....
.....
.....
.....

Seeking transfer to:

FACULTY:.....
.....

PROGRAMME:.....
.....



FOR OFFICIAL USE ONLY:

ENDORSEMENT BY THE DEPARTMENT THE CANDIDATE IS TRANSFERING FROM:

This section is to be completed by the Chair of Department from where the candidate is transferring FROM:

Transfer Endorsement YES NO

Endorsing officer:

Name _____

Designation Sign and Stamp Date

ENDORSEMENT BY THE DEPARTMENT THE CANDIDATE IS TRANSFERING TO:

This section is to be completed by the chair of department from where the candidate is transferring TO:

Transfer Endorsement YES NO

Endorsing officer:

Name _____

Designation Sign and Stamp Date

REGISTRAR ACADEMIC AFFAIRS

MMU Cut off Points	Candidates Weighted Cluster Points	QUALIFIED	NOT QUALIFIED