

**THARAKA**  
P.O BOX 193-60215,  
MARIMANTI, KENYA



**UNIVERSITY**  
Telephone :|(254)-0202008549, +(254)-  
02020076920  
Mobile: (+254)0728229548  
Website: tharaka.ac.ke

**COLLEGE**  
*(A Constituent College of Chuka University)*  
**OFFICE OF THE REGISTRAR (Academic Affairs)**

**INTERFACULTY/PROGRAMME TRANSFER FORM**

NB: Please do not ask a transfer into a programme that you do not qualify for in terms of subject and cut-off points.

This form should be returned to the DEAN of your faculty immediately after completion of application

Name: (in full \_\_\_\_\_) . REGISTRATION No \_\_\_\_\_

FACULTY \_\_\_\_\_

DEGREE COURSE IN WHICH YOU WOULD LIKE TO BE TRANSFERRED TO:

1<sup>ST</sup> Choice \_\_\_\_\_ Faculty \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Faculty \_\_\_\_\_

**Warning:**

*It is criminal offense, which shall lead to disciplinary action and may further lead to criminal proceedings in the court of law to give any falsified information of your KCSE results.*

KCSE RESULTS (Attach a certificate copy of your result slip)

SN	Subjects	Grade	points	Remarks(confirmed/Not Confirmed)
1				
2				
3				
4				
5				
6				
7				
8				

I \_\_\_\_\_ declare that I have read and understood the warning here in and that the information given in this form is true and correct.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Faculty Recommendation

1<sup>st</sup> Choice Raw Cluster Points: \_\_\_\_\_ Weighted Cluster Points: \_\_\_\_\_ Remark \_\_\_\_\_

2<sup>nd</sup> Choice Raw Cluster Points: \_\_\_\_\_ Weighted Cluster Points: \_\_\_\_\_ Remark \_\_\_\_\_

Approved/not Approved by the DEAN, Faculty

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DEANS COMMITTEE RECOMMENDATION**

1<sup>st</sup> choice \_\_\_\_\_ Remark \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_ Remark \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_