

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



**COLLEGE**  
(A Constituent College of Chuka University)

**UNIVERSITY**  
Telephone:0202008549  
02020076920

**To be complete in quadruplicate**  
Original-Admission  
Duplicate-faculty  
Triplicate- Halls  
Quadruplicate-Students

Academic year: ..... Year: ...../Semester: .....

### STUDENT'S REGISTRATION FORM

NAME .....

#### 1. STUDENT DETAILS

Registration No.		KCSE Index No	
Nationality		National ID/Passport No	
County		Constituency	
Sub-county		P.O Box	
Tel. No.(2)	/	Town	

#### 2. ADMISSION DESK: Verification of Admission Documents.

Original Documents	Comments	Name and Sign of Officer
Original letter of offer		
Admission list		
KCSE/KCE/KACE certificate		
College transcript/certificate		
National ID/Passport		

#### 3. MEDICAL DESK: Medical Examination and Reports (Including X-Ray)

Remarks.....

.....

Officer's Name ..... Sign: ..... Date: .....

#### 4. FINANCE DESK

Fees payable in Ksh.....

Fees paid	Balance	Receipt No

Officer's Name: ..... Sign: ..... Date: .....

#### 5. HALLS DESK

Hall	Room	Amount (Ksh)	Receipt No.

Officer's name.....Date: .....

#### 6. NOMINAL ROLL DESK

Student's sign: ..... Date: .....

Officer's Name: ..... Sign: ..... Date: .....

**IMPORTANT NOTE:** To be considered registered; a Student **MUST** sign the Nominal Roll.

#### 7. COURSE REGISTRATION

The course registration forms should be filled within the first 3 days of registration. The students are asked to contact their respective programme coordinator for further information on the course they are required to take.

**NB:** Dully completed forms should be submitted to the respective Departments within the 1<sup>st</sup> week after the commencement of lectures. **NO FORMS WILL BE ACCEPTED AFTER THE DUE DATE**