

EGERTON UNIVERSITY

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EGERTON

OFFICE OF THE REGISTRAR

(ACADEMIC AFFAIRS)

CREDIT TRANSFER APPLICATION FORM

**Notes:**

1. This form should be completed and returned to the respective Dean of Faculty within the first two weeks after the start of an Academic year.
2. All sections should be completed in Block Letters.
3. Successful applicants are required to pay Kshs. 500 per credit factor approved by the Faculty Board of Examiners before any transfer is made.

**Ensure that you attach the following:**

1. Certified copy of your admission letter.
2. Certified copy of Certificate, Diploma, CPA, CPS and the transcripts.
3. Original receipt (Application fee); Kshs 1,000 for all credit transfers payable to:

Account Name: Egerton University, Kenya Commercial Bank

Account No. 1108550703 or the respective applicant’s fees account.

1. Copy of your National ID Card or Birth Certificate.

**PERSONAL DATA**

Name: …………………………………………………………. Reg. No. ………………………….

(Surname) (Other names in full)

Hereby apply for credit transfer for courses in ………………………………………………………...

Diploma/Degree against the courses taken in my Certificate / Diploma in ……………………………

Or CPA/ CPS and scored a grade of B equivalent and above as shown below or passed T.P/F.A with grade C and successfully taught for 2 years/worked for 2 years in a relevant field.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/No.** | **Diploma/ Degree Course Code** | **Title** | **C.F** | **Cert/Diploma/ CPA/CPS Course Code** | **Title** | **Grade** | **C.F** | **Remarks** |
| 1. |  |  |  |  |  |  |  |  |
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| 13. |  |  |  |  |  |  |  |  |

**DECLARATION**

I certify that the information given in this application form is correct to the best of my knowledge

**Sign.** ……………………………… **Reg. No**.……………………….. **Date.** ………………………...

**FOR OFFICIAL USE ONLY**

1. **Recommendations of the Head of Department.**
2. Total CFs applied for. ………………………………… CFs
3. Total CFs applied for. ………………………………… CFs
4. Total CFs applied for. ………………………………… CFs

**COD Sign.** …………………………. **Date.** ………………………… **Official Stamp**

1. **Recommendations of the Head of Department.**
2. Total CFs applied for. ………………………………… CFs
3. Total CFs applied for. ………………………………… CFs
4. Total CFs applied for. ………………………………… CFs

**Dean of Faculty Sign.** ……………… **Date.** ………………………… **Official Stamp**

1. **Finance Department.**
2. Total CFs approved. ……………@ Kshs. 500 payable Kshs. ………
3. Paid Kshs. …………………….. Rept. No…………………………..
4. Total CFs applied for. ………………………………… CFs

**Sign.** ………………………………. **Date.** ………………………… **Official Stamp**

**Approval by the Registrar Academic Affairs**

**Sign.** ……………………………….  **Date.** ………………………… **Official Stamp**