

KAIMOSI FRIENDS UNIVERSITY (KAFU)

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

CREDIT TRANSFER FORM

APPLICANT'S DETAILS	
Applicant's Name	Email
Registration Number	Phone No
School/Faculty	Department
Nationality	ID/Passport
Gender: Male ()	Female ()
PREVIOUS INSTITUTION	
Name of Institution	
Registration Number	
School	Department
REASONS FOR LEAVING PREVIOUS INSTITU	JTION
Each applicant shall pay a fee of Ksh. 1,000/= for a	

VERSION A REVISION: 01

TRANSFERABLE CREDITS

CORE COURSE CODES AND TITLES

COURSE CODE AND TITLE IN PREVIOUS	CREDITS	EQUIVALENT COURSE CODE AND	TRANSFERABLE CREDITS
INSTITUTION		TITLE IN KAFU	
SUB-TOTAL CREDITS		SUB-TOTAL CREDITS	

ELECTIVE COURSE CODES AND TITLES

COURSE CODE AND	CREDITS	EQUIVALENT	TRANSFERABLE
TITLE IN PREVIOUS		COURSE CODE AND	CREDITS
INSTITUTION		TITLE IN KAFU	
SUB-TOTAL CREDITS		SUB-TOTAL CREDITS	

VERSION A REVISION: 01

CREDIT TRANSFER ANALYSIS		
PERCENTAGE OF CREDIT TRANSFERRED (C/B) x 100	=%	
RECOMMENDATION BY CHAIR OF DEPARTMENT		
DEPARTMENT:		
NAME OF CoD:		
SIGN: DATE:		
RECOMMENDATION BY DEAN OF SCHOOL		
NAME:		
SIGN:	DATE:	
RECOMMENDATION BY DIRECTOR, SCHOOL OF GRAPPLICABLE)	ADUATE STUDIES (WHERE	
APPLICABLE)		
APPLICABLE)		
APPLICABLE)		
APPLICABLE) NAME:		
APPLICABLE)		
APPLICABLE) NAME:		
APPLICABLE) NAME: SIGN:	DATE:	
APPLICABLE) NAME: SIGN: APPROVAL BY DEANS COMMITTEE	DATE:	
APPLICABLE) NAME: SIGN: APPROVAL BY DEANS COMMITTEE	DATE:	
NAME: SIGN: APPROVAL BY DEANS COMMITTEE	DATE:	

APPROVAL BY SENATE	
MINUTE NO:	
DATE OF MEETING:	
DEPUTY VICE CHANCELLOR (A&SA)	
SIGNATURE	D ATE



VERSION A REVISION: 01