

**EGERTON**

P.O. BOX 536, Egerton, Kenya

**UNIVERSITY**[raca@egerton.ac.ke](mailto:raca@egerton.ac.ke)*(To be complete in Quadruplicate)*

Original - Admissions

Duplicate - Faculty

Triplicate - Halls

Quadruplicate - Student

Academic Year: .....

Year...../Semester.....

**STUDENT'S REGISTRATION FORM**

PARTS 1 &amp; 4: Applicable To First Year Students, at the First Semester Only

PARTS 2,3,5,6,7: Applicable To All Students

REG NO: ..... NAME: .....

**1. ADMISSIONS DESK:** *Verification of Admission Documents.*

Original Document	Comments	Name and Sign of Officer
Original Letter of Offer		
Admissions List		
KCSE/KCE/KACE Certificate		
College Transcripts/Certificates		
National ID/Passport		

**2. FINANCE DESK**

Fees Payable in KSh.....

Fees paid	Balance	Receipt No

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

**3. STUDENT DETAILS**

Registration No.		KSCE Index No.	
Nationality		National ID/Passport No.	
County		Constituency	
District		P.O. Box	
Tel. No.		Town	

**4. MEDICAL DESK:** Medical Examination and Reports (Including X-Ray)

Remarks:.....

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

**5. HALLS DESK:**

Hall	Room	Amount (Kshs.)	Receipt No.

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

**6. NOMINAL ROLL DESK**

Student's Sign..... Officer's 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 Coordinators for further information on the courses they are required to take.

**NB: Duly 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.**