



MASENO UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)

INTER-CAMPUS TRANSFER FORM

FOR PRIVATELY SPONSORED STUDENTS (PSSP)

a) Student's Details

Names _____

Surname

Other names

Adm. No. _____ Year of Study _____ Semester _____

Programme _____ School _____

Campus Admitted to: _____

Campus the students requests to transfer to: _____

Indicate reason/s for change of campus _____

Signature _____ Date _____

b) To be completed by the Director of the Campus to which the Student is Admitted

Request Recommended Request not recommended

Comments _____

Name _____ Signature _____ Date _____

c) To be completed by the Co-ordinator of the Campus the Student is seeking to Transfer

Request Recommended Request not recommended

Comments _____

Name _____ Signature _____ Date _____

d) Registrar (Academic Affairs)

Request Approved/Not Approved

Signature _____ Date _____

Comments _____

e) Admissions office

New Admission Number _____

CC: Student Finance Office, Campuses Involved, Dean of Students (For Continuing students, Student's file