

**CHUKA**



CU/ADM/FORM/9  
**UNIVERSITY**

Telephones: 0202329073

P.O. Box 109-60400  
Chuka

**UNDERGRADUATE RESIT/SPECIAL REGISTRATION FORM**

**INSTRUCTIONS:** This form should be completed in Triplicate by each registered student.

NAME: (in full) .....

REGISTRATION NO: .....

FACULTY .....

PROGRAMME: (e.g. B.Ed. Primary): .....

INDICATE WHETHER RESIT OR SPECIAL.....

DEPARTMENT: .....

**RESIT/SPECIAL COURSES**

S/N	Course Code	Course Title	CF
1			
2			
3			
4			
5			
6			
7			

Student's Signature: ..... Date.....

**FOR OFFICIAL USE ONLY**

**The above information has been certified as correct by the undersigned.**

Please indicate whether special or retake ( tick appropriately).

Dean of the Faculty: ..... Sign..... Date: .....

Official Stamp.....

**Finance Department**

(i) Total CF's approved.....@ Ksh.....Amount payable Ksh.....

(ii) Amount paid Ksh.....Receipt No. ....

(iii) Finance Officer's name .....Sign.....Date.....

Official Stamp.....

Original – Registrar (AA)

Duplicate-Faculty

Triplicate – Student

**NB:** No student will be allowed to sit for examinations unless he/she has cleared fees.