



**ADMISSIONS
REGISTRATION FORM (for continuing students)**

Name: Adm No.:.....
(Surname) (Other Names)

State If KUCCPS/PSSP:Programme:
Year of Study (e.g. Year 1): Semester: Date Reported:
Campus:

STAGE 1: ADMISSIONS OFFICE (SEMESTER REGISTRATION)

Name of officer: Sign: Stamp

STAGE II: HOSTEL DEPARTMENT

Hostel Name Room No.
Bank Slip Ref No Bank: Date:
Name of OfficerSign: Stamp:.....
If Non-Resident, (*fill non residence form*)

STAGE III: SIGNING OF NOMINAL ROLL (SCHOOL)

Name of Officer: Sign: Date.....