



UNIVERSITY OF EMBU

CONTINUING STUDENT REGISTRATION FORM FOR PROFESSIONAL PROGRAMMES

NOTE;

This form must be submitted to Admissions Office at the end of the registration exercise

SEMESTER/SESSION ACADEMIC YEAR DATE

STUDENT'S DETAILS

Name Reg. No

Tel. No E-mail Address

Name of the Programme

A. FINANCIAL OBLIGATIONS (PAYMENT OF FEES)

Name of Bank Bank Slip No

Amount paid (KShs): Fees Accommodation

Name of Verifying Finance Officer

Signature Date and Stamp

B. HOSTEL AND ROOM ALLOCATION

Hostel and Room Allocated

Name of Allocating Officer

Signature Date and Stamp

C. UNIT REGISTRATION

Department

Unit Code	Unit Title

CoD's Signature Date/Stamp

Dean's Signature Date /Stamp

D. SIGNING OF NOMINAL ROLL

Name of the Officer in Charge

Signature Date and Stamp

