



UNIVERSITY OF EMBU

UNIT WITHDRAWAL/ADDITION FORM

Instructions

Fill the form in triplicate; retain a copy, submit one copy to admissions office and the other copy to the dean of your respective school

Student's Detail

Name..... Reg. No.....
 Year of Study (1st, 2nd etc)..... Academic Year..... Semester/Session.....
 School..... Course.....

Addition of Unit(s)

Department/Section

Unit Code	Unit Title

CoD's Signature..... Date/Stamp.....

Withdrawal of Unit(s)

Department/Section

Unit Code	Unit Title

CoD's Signature..... Date/Stamp.....

Dean's Signature..... Date /Stamp.....

Student's Signature..... Date

