



MULTIMEDIA UNIVERSITY OF KENYA  
P O Box 15653-00503, Nairobi, Magadi Road, Kenya  
Tel. +254 2071391 Fax: +254 2071247  
(MMU is ISO 9001:2015 Certified)  
Office of the Registrar, Academic Affairs  
Email: registrar@mmu.ac.ke

## INTER/INTRA-FACULTY TRANSFER APPLICATION FORM

### A. INSTRUCTIONS

1. Complete **Section B** of the application form
2. Attach a copy of your KCSE Result slip
3. Submit the form to **Admissions Office**

### B. APPLICANT'S SECTION

KCSE Index Number:..... Birth Certificate No: .....KCPE Index:.....

Surname: ..... Other Names:.....

Mobile Number: ..... Admission No. ....

Name of Faculty Transferring from:

Faculty:.....

Programme:.....

Name of Faculty Transferring to:

Faculty:.....

Programme:.....

Reason(s) for transfer:

.....  
.....  
.....

Signature:..... Date:.....

ESDS QUA 111



**C. OFFICIAL USE ONLY:**

**1. REGISTRAR ACADEMIC AFFAIRS**

MMU Cut off Points (COP)	Candidates Weighted Cluster Points (WCP)	Qualified	Not Qualified
Name:..... Signature: ..... Date: .....			

**2. ENDORSEMENT BY THE DEPARTMENT & FACULTY THE STUDENT IS TRANSFERING FROM:**

Transfer Recommended: Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsing Chair of Department (COD): Name:..... Signature: ..... Date: .....	Transfer Approved : Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsing Dean of Faculty: Name:..... Signature: ..... Date: .....
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**3. ENDORSEMENT BY THE DEPARTMENT AND FACULTY THE STUDENT IS TRANSFERING TO:**

Transfer Recommended: Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsing COD: Name:..... Signature: ..... Date: .....	Transfer Approved : Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsing Dean of Faculty: Name:..... Signature: ..... Date: .....
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