



PRESYTERIAN UNIVERSITY OF EAST AFRICA

PUEA/ADM/010

OFFICE OF THE REGISTRAR (ACADEMIC) Cross-Campus Transfer Application/Clearance Form (To be completed in Duplicate)

Admission Number

Name of the Student

School Department

Current programme.....Mode of study (FT, PT, SB, DLM)

Campus to be transferred to..... Programme.....

Mode of study (FT, PT, SB, ODLM)

Section 1: Head of Department

I object do not object to the proposed change

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Section 2: Academic Registrar:

I object do not object to the proposed change

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Section 3: Finance Department:

Amount Paid	
Balance	

Name of the clearing officer.....

Signature..... Date.....

Section 3:Library

Signature..... Date.....

Section 4: Hostel.....

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

- NB:**
1. Original to be retained by the Academic Registrar (Records Office)
 2. Copy to be retained by the student.