



**Jomo Kenyatta University of
Agriculture and Technology**

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COLLEGE OF PURE AND APPLIED SCIENCES

**SCHOOL OF MATHEMATICAL SCIENCES
DEPARTMENT OF PURE AND APPLIED MATHEMATICS**

STUDENT UNIT REGISTRATION FORM

To be completed in duplicate.

FULL NAMES _____ Gender _____

REG. NO. _____

CELL PHONE _____ CAMPUS _____

PROGRAMME: _____

Certificate/Diploma/Degree _____

ACADEMIC YEAR _____ YEAR OF STUDY _____ SEMESTER _____

S/NO.	UNIT CODE	UNIT TITLE
1		
2		
3		
4		
5		
6		
7		
8		
9		

STUDENT SIGN _____ DATE _____

COURSE COORDINATOR _____ DATE _____

COD, PAM _____ DATE _____

DEAN, SMS _____ DATE _____

