

KENDU ADVENTIST SCHOOL OF MEDICAL SCIENCES - KASMS

SEMESTER REGISTRATION FORM

NAME: DATE:

ADM. NO. Year of STUDY: SEMESTER:

PHONE NO: EMAIL:

A. ACADEMIC OBLIGATIONS -To be filled by Student

S/N	COURSE MODULE	PASS MARK	S/N	COURSE MODULE	PASS MARK
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

STUDENT: SIGN: DATE:

HEAD OF DEPARTMENT/CLASS TEACHER: SIGN: DATE:

ACADEMIC REGISTRAR: SIGN: DATE:

DEAN: SIGN: DATE: TICK ONE:

BOARDER

DAY-SCHOLAR

B. FINANCIAL OBLIGATIONS -To be filled by College Accountant

AMOUNT PAID: KSHS. PENDING BALANCE: KSHS.

COLLEGE ACCOUNTANT: SIGN: **NB:** Attach the current fee statement

COMMENTS: Should include the deadline for payment of the pending fee balance.

.....
.....

PRINCIPAL/DEPUTY PRINCIPAL: SIGN: DATE: