

EGERTON

P.O. BOX 536, Egerton, Kenya

UNIVERSITY

raca@egerton.ac.ke

(To be complete in Quadruplicate)

Original

Duplicate

Triplicate

Quadruplicate -

Academic Year:

Year...../Semester.....

STUDENT'S REGISTRATION FORM

PARTS 1 & 4: Applicable To First Year Students, at the First Semester Only

PARTS 2,3,5,6,7: Applicable To All Students

REG NO:NAME:.....

1. ADMISSIONS DESK: *Verification of Admission Documents.*

Original Document	Comments	Name and Sign of Officer
Original Letter of Offer		