 <b>ZETECH UNIVERSITY</b> Inventing the future	Zetech University P.O.Box 2768-00200,Nairobi Mobile:0719 034500 E-mail: admissions@zetech.ac.ke Website:www.zetech.ac.ke	
	<b>REGISTRAR ACADEMIC AFFAIRS</b>	
	<b>Reference</b>	<b>F-7-11</b>
<b>REQUEST FOR CAMPUS TRANSFER/CHANGE MODE OF STUDY</b>	<b>Issue/Rev.</b>	<b>1/4</b>

### STUDENT DETAILS

NAME.....ADMISSION NO.....

COURSE.....TERM/SEMESTER OF STUDY.....

PHONE.....ID NO.....DATE .....

- For change of mode of study, kindly fill section 1. only.
- For campus transfer, kindly fill section 2. only.

### SECTION 1: CHANGE OF MODE OF STUDY

From (current mode) (please tick appropriately)

Full Time ☐ Part-Time ☐ E-Learning ☐

To (current mode) (please tick appropriately)

Full Time ☐ Part-Time ☐ E-Learning ☐

Give a specific reason for your request

### SECTION 2: CAMPUS TRANSFER

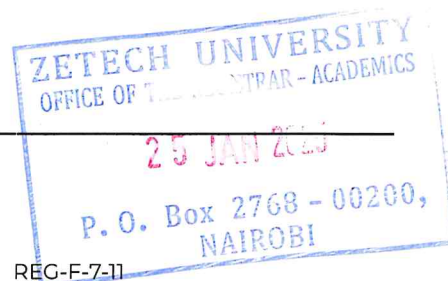
From (Current Campus) (Please tick appropriately)


Ruiru Campus ☐ Nairobi City Campus ☐ Technology Park Mang'u Campus ☐

To (New Campus) (Please tick appropriately)

Ruiru Campus ☐ Nairobi City Campus ☐ Technology Park Mang'u Campus ☐

Give a specific reason for your request



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	<b>REGISTRAR ACADEMIC AFFAIRS</b>	
	<b>Reference</b>	<b>F-7-12</b>
<b>REQUEST FOR CAMPUS TRANSFER/CHANGE MODE OF STUDY</b>	<b>Issue/Rev.</b>	<b>1/4</b>

I declare that the information provided on this form and the information given in support of my application is correct and complete and consent to share my data for official use.

Student's Signature.....Date.....

### FOR OFFICIAL USE ONLY

#### 1. HEAD OF DEPARTMENT

Accept..... Reject.....

Give Reasons for above.....

Name.....Signature.....

Date& Stamp.....

#### 2. REGISTRAR ACADEMIC AFFAIRS

Accept..... Reject.....

Give Reasons for above.....

Name.....Signature.....

Date& Stamp.....

