

## **REGISTRAR ACADEMIC AFFAIRS**

Inventing the future

TITLE

STUDENT ID REPLACEMENT FORM

Reference F-7-14 Issue/Rev 1/3

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SECTIO	N A. SII	IDENT	DETAIL	. 5

FULL NAME:		ADMISSION NO:		
Course:		Department:		
Mobile No:	E-mail:			
Campus:	ID:	DATE OF ADMISSION	STUDENT SIGN	
REASON FOR REPLACEMENT (Tick appropriately) LOST ID EXPIRED ID				
NOTE:  • For lost student ID please a • For renewal of student ID n			and readmission	

- Replacement fees of ksh.500 will be charged

## SECTION B: APPROVAL FOR REPLACEMENT

(This section should be filled in order of appearance)

SECURITY IN CHARGE	Signature and stamp
Name	
CAMPUS DIRECTOR	Signature and stamp
Name	
STUDENTS FINANCE	Signature and stamp
Name	
RECORDS OFFICER	Signature and stamp
Name	

ZETECH UNIVERSITY Authorized on 04/03/2025 THE REGISTRAR. ACADEMICS

0-4 MAR 2025

P.O. Box 2768 - 00200, NAIROBI

F-7-14

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