



**ZETECH
UNIVERSITY**

TRAINING DEPARTMENT

**REQUEST FOR CAMPUS TRANSFER/ CHANGE OF MODE
OF STUDY**

**Reference F-7-69
Issue/Rev. 1/0**

(A student is allowed to transfer campus or change mode of study one time within a given course)

STUDENT DETAILS

NAME..... REG.NO/ Adm No
COURSE TERM/SEMESTER OF STUDY
ADDRESS TEL: DATE.....

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

1. CHANGE OF MODE OF STUDY

From (Current Mode) (Please tick appropriately)

- FULL TIME PART TIME
 E-LEARNING DISTANCE LEARNING

To (New Mode) (Please tick appropriately)

- FULL TIME PART TIME
 E-LEARNING DISTANCE LEARNING

Give specific reason for your request.

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2. CAMPUS TRANSFER

From (Current Campus) (Please tick appropriately)

- TRC PIONEER/AGRICULTURE
 STANBANK

To (New Campus) (Please tick appropriately)

- TRC PIONEER/AGRICULTURE
 STANBANK

Give specific reason for your request.

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Student's Signature

.....
Date

FOR OFFICE USE ONLY (FACULTY/DEPT/SCHOOL/PRINCIPAL/REGISTRAR APPROVAL)

A. HEAD OF FACULTY/DEPARTMENT/SCHOOL

Does the HOD approve?

- a. Transfer of Campus Approved..... Rejected
- b. Change of Mode of Study Approved..... Rejected

Please give detailed comments.

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Name Signature Date

Official Stamp.....

B. CAMPUS AM/PRINCIPAL

Comments on the above

- a. Transfer of Campus
- b. Change of Mode of Study



Name Signature Date

Official Stamp.....

D. RECORDS/ ADMISSION OFFICE

CURRENT REGISTRATION NO.....NEW REGISTRATION NO

NameSignature Date

Activity	Responsibility	Signature	Date
Prepared by:	Management Representative		22/06/2015
Approved by:	Vice Chancellor		22/06/2015