



Kenya School of Revenue
Administration



KENYA REVENUE
AUTHORITY

STUDY MODE TRANSFER FORM

Complete Part A of the Form

PART A : TO BE FILLED BY APPLICANT ONLY

| | | |
|---|-----------------------|------------------|
| First Name | Middle Name | Last Name |
| Registration Number: | | Date: |
| Phone Number: | Email address: | |
| Department (Customs/Tax /EACFFPC): | | |
| Current Study Mode (Day/ Evening/Weekend/e-campus):: | | |
| New Study Mode (Day/ Evening/Weekend/e-campus): | | |
| Reason for Transfer: | | |
| Commencement Date: | | |

PART B : FOR OFFICIAL USE ONLY

| | |
|--|---|
| Head of Department Comments (Current Department): | |
| Approved: <input type="checkbox"/> | Not Approved: <input type="checkbox"/> |
| Date: | Sign: |
| Intake to Join: | |
| Remarks by Registrar: | |
| Approved: <input type="checkbox"/> | Not Approved: <input type="checkbox"/> |
| Date: | Sign: |