

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/RAA/039	
	Title: RE-ADMISSION		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 1	Revision No. 1	Date: 10th March 2017

Office of the Registrar (Academic Affairs)
(To be filled in Quadruplicate)

SECTION A (TO BE FILLED BY THE STUDENT)

Part 1:

Student Personal Details:

Name: _____ Reg. No. _____

Course: _____ Year: _____ Semester: _____

Tel: _____ Email: _____

PART 2:

Course to be admitted: _____

Reason(s): _____

SECTION B (OFFICIAL USE)

Part 1:

CODs Comments: _____

Class code to be admitted: _____

Name: _____ Signature: _____ Date/Stamp: _____

Part 2:

Dean's Comments: _____

Name: _____ Signature: _____ Date/Stamp: _____

PART 3:

Registrar AA's comments: _____

Name: _____ Signature: _____ Date/Stamp: _____

PART 4:

Students Registry Officer

Effected in the system Not Effected

Name: _____ Signature: _____ Date: _____

Cc: Chairperson of Department, Dean of Faculty, Finance Office, Students Registry.

Note: The form to be filled within the first three weeks of the semester. The student to attach all the relevant documents to support his reason for readmission.

