



# KENYA METHODIST UNIVERSITY

P.O Box 267 60200 - Meru - Kenya, Tel: +254-064-30301-31229, +254(0) 724256162,

## APPLICATION FOR CHANGE OF MODE OF STUDY

Fill in duplicate – Student's File Copy and Student's Copy

### SECTION I: STUDENTS DETAILS (COMPULSORY FIELDS)

Reg. No: ..... Name: .....

Mobile. No: ..... E-mail: .....

Current Mode of Study: .....

Desired Mode of Study that you wish to change to: .....

Provide Reason(s) for the request and attach necessary evidence (s): .....

.....

.....

.....

.....

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

### SECTION II: FINANCE

I hereby confirm the requisite fees for change of Mode of Study has been paid: Yes ☐ No ☐

Name of Finance Officer ..... Signature & Date (Stamp) .....

### SECTION III: CHAIRMAN OF THE DEPARTMENT

I object ☐ or do not object ☐ to the proposed change

If objected, give reasons.....

Signature..... Date: .....

### SECTION V: OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS

Approved ☐ Not Approved ☐

If not approved, give reasons.....

.....

Name of Officer ..... Signature & Date (Stamp) .....

**Records Office – Student's File (Kindly Effect in the System as per the approval above)**  
**Student's Copy**