

**KITALE NATIONAL POLYTECHNIC**

**P.O. BOX 2162, KITALE 30200. TEL. 020 2380086**

Date……………………………………

**RE: CHANGE OF COURSE/CLASS**

I…………………………………………………………………….admission number………………………………………………………

Course………………………………………………………………………..department…………………………………………………..

Do apply to change my course/class from…………………………………………………To……………………………………….

Reason for change

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Student’s signature……………………………………………….date…………………………………………………

**OFFICIAL USE**

1. Remarks by the releasing HOD

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Sign………………………………………….stamp……………………………………………..date……………………………………..

1. Remarks by the receiving HOD

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Remarks by the registrar

…………………………………………………………………………………………………………………………………………………………………

Sign …………………………………………………..stamp …………………………date……………………….