

HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)
 Incorporated in The Kairuki Health and Education Network (KHEN)

ODD-SEMESTER AND EXAMINATION REGISTRATION FORM FOR NEW STUDENTS 2017/2018
1ST SEMESTER (MD1)

SEM1-MD1

1. NAME AND ADDRESS

Name: _____ Reg. No.: _____

Postal address: _____

Phone: _____ Fax: _____ E-mail: _____

2. STUDIES

Programme of Studies: _____

3. RESIDENCE STATUS:

Do you reside in the Hostel? YES/NO _____

4. SEMESTER AND EXAMINATION REGISTRATION:

4a. Student: Put **YES** in the empty boxes for the Subjects you are registering and **NO** for those you are not registering in this semester.

4b. Chairs of Departments and Bursar: Sign in the appropriate boxes to endorse the candidate to register for Examinations as per regulations **16.2.1-16.2.6**. Students will have to show the endorsed forms to collect Examination Number Cards.

Code	ANT100	BCH100	BS100	CS100	DS100	PHY100	
4a. YES/NO							Bursar
4b. EXA REG.							

4a. To be filled by the Student on Registration.

4b. To be signed by Dept Chairs and Bursar by last teaching day of the 1st semester.

Signatures: Student _____ Date: _____

Dean of Faculty: _____ Date: _____

OFFICIAL USE ONLY

The above named student has been registered for semester **1, MD1** from _____ to 28th February 2018, to undertake the above selected courses.

Name of the Officer: _____ Signature: _____ Date: _____

Proof of payment: Receipt No. _____ Dated: _____

In case of change of address or information filled in here you are requested to notify the university immediately.