

**RIFT VALLEY INSTITUTE OF SCIENCE AND TECHNOLOGY**  
**ISO 9001:2015 QUALITY MANAGEMENT SYSTEMS**  
**CHANGE OF COURSE /TRANSFER REQUEST FORM**

**1. Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Admission No; \_\_\_\_\_ Mobile No: \_\_\_\_\_

Current course \_\_\_\_\_

New Course: \_\_\_\_\_

**2. Parent/Guardian Name** \_\_\_\_\_ **Tel.No.** \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

**FOR OFFICIAL USE ONLY**

**3. Previous Department/ Campus** \_\_\_\_\_

HEAD OF DEPARTMENT'S COMMENT: \_\_\_\_\_

Approved/Not Approved \_\_\_\_\_ Signature \_\_\_\_\_

**4. Proposed Department/ Campus** \_\_\_\_\_

HEAD OF DEPARTMENT'S COMMENT: \_\_\_\_\_

Approved/Not Approved \_\_\_\_\_ Signature: \_\_\_\_\_

**5. REGISTRAR**

Recommended/Not Recommended \_\_\_\_\_

Reasons (if any) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**6. MIS**

Transfer effected/Not effected \_\_\_\_\_

Reasons (if any) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Submit to [registrar@rvist.ac.ke](mailto:registrar@rvist.ac.ke)