



Kenya School of Revenue Administration

Registration Form

A. Campus

This form is developed for/and is used by KESRA only

Campus Name: KESRA Nairobi

B. Fee Payment

Semester being paid for: SEM I SEM II SEM III SEM IV SEM V

Amount paid _____

Bank Slip No. _____

KESRA Receipt No. _____

Name of officer certifying _____ Date _____ Signature _____

Remarks _____

C. Academic Clearance

Examinations Manager _____ Date _____ Signature _____

I declare that the student has completed the 1st Semester successfully

Student Name _____ Signature _____ Date _____

D. Semester Registration

Semester registering for _____

Semester beginning _____

Course units/codes: 1)

2).....

3).....

4).....

5).....

6).....

7).....

Attendance pattern: Evening Weekend

Student signature _____ Date _____

Name of Officer Issuing _____ Signature _____ Date _____

E. For official Use Only

Admission no; _____

I declare that this Student is duly registered and cleared to attend classes.

Name _____ Signature _____
