



COURSE ADVANCEMENT FORM

A. BIODATA

| | |
|--------------------------------|--|
| TRAINEE'S NAME: | |
| ADMISSION NUMBER: | |
| ID NUMBER: | |
| DEPARTMENT: <i>eg Business</i> | |
| DATE: | |

B. COURSE ADVANCEMENT DATA

You have completed:

| | |
|---------------------------------------|--|
| COURSE: <i>eg Business Management</i> | |
| LEVEL: <i>eg Diploma</i> | |
| EXAMINATION BODY: <i>eg CDACC</i> | |
| GRADE ACHIEVED: <i>eg Credit 2</i> | |

You are applying to join:

| | |
|---------------------------------------|--|
| COURSE: <i>eg Business Management</i> | |
| LEVEL: <i>eg Diploma</i> | |
| EXAMINATION BODY: <i>eg CDACC</i> | |

C. DECLARATION

I, declare under penalty of perjury that the information provided in my advancement of course application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the denial of my request to advance courses or other disciplinary action. I am of sound mind and capable of making this request to change courses of my own free will. I consent for my guardian (name) be contacted with regards to this application.

Guardian's phone number

Signature

Date:



**MINISTRY OF EDUCATION
STATE DEPARTMENT FOR TECHNICAL, VOCATIONAL EDUCATION AND TRAINING
MASINGA TECHNICAL AND VOCATIONAL COLLEGE**

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C. APPROVAL (FOR OFFICIAL USE ONLY)

| | | | |
|---------------------|------------------|-------------|---------------------|
| H.O.D | Signature: | Date: | Approved/Not: |
| Examination Officer | Signature: | Date: | Approved/Not: |
| ACCOUNTANT: | Signature: | Date: | Approved/Not: |
| REGISTRAR: | Signature: | Date: | Approved/Not: |

Comments:.....
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A COPY OF THE COMPLETED APPLICATION SHALL BE RETAINED BY THE TRAINEE, HOD, ACCOUNTANT AND AT THE REGISTRAR’S OFFICE. ANY CHANGE IN THE TERMS SHOULD BE COMMUNICATED TO THE COLLEGE IMMEDIATELY.