



**OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS  
DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY  
P.O. BOX 657, 10100 – NYERI KENYA  
TELEPHONE: 0713-835-965 EMAIL: [registraraa@dkut.ac.ke](mailto:registraraa@dkut.ac.ke)**

**REGISTRATION CHECKLIST FOR NEWLY ADMITTED STUDENTS (Page: 1 of 1)**

Document No: DeKUT/AA/APK&APS/FORM 2/5

---

**SECTION A: STUDENT 'S DETAILS (TO BE COMPLETED BY THE STUDENT)**

FIRST NAME:..... MIDDLE NAME..... SURNAME.....

PROGRAMME ADMITTED TO:.....

REGISTRATION NUMBER:.....

YEAR OF STUDY:..... DATE:.....

TEL NO.:..... E-MAIL ADDRESS:.....

**SECTION B: PRESENTATION AND VERIFICATION OF DOCUMENTS (TO BE FILLED BY THE VERIFYING ADMISSIONS OFFICER)**

S/NO	DOCUMENT NAME	DOCUMENT CODE	REMARKS
1	Original Copy of Admission Letter		
2	Original National ID Card/Birth Certificate		
3	Original Academic Certificates/Transcripts/Result Slips		
4	Student Personal Details	DeKUT/AA/APJ & APS/FORM 3/5	
5	Medical Examination Report	DeKUT/AA/APJ & APS/FORM 4/5	

Name of the Verifying Admissions Officer:.....

Signature:..... Date..... Stamp.....

**Note: This Form must be retained by the Admissions Officer verifying the Student's Documents and should be returned to the Registrar, Academic Affairs.**