



# BUMBE TECHNICAL TRAINING INSTITUTE

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ISO 9001:2015 Certified Institute

KENYA VISION 2030  
Compliant Institution



## COURSE CHANGE REQUEST FORM

REF: BTTI/ADMN/ADM/F5

(FILL IN BLOCK LETTERS)

I ..... Admission No. ....

Department .....Course .....

Level (Artisan/Certificate/Diploma) ..... Year/Stage (I/II/III) .....

Request for course change to .....

Reason(s) .....

.....

.....

Sign ..... Date .....

### OFFICIAL USE ONLY

#### CURRENT HEAD OF DEPARTMENT

Remarks (if any) .....

Received On \_\_\_\_\_ Signature \_\_\_\_\_ Stamp

#### RECEIVING HEAD OF DEPARTMENT

Remarks (if any) .....

Received On \_\_\_\_\_ Signature \_\_\_\_\_ Stamp

#### OFFICE OF THE REGISTRAR

Status of Application  Approved  Unapproved

Remarks (if Unapproved) .....

Date Processed \_\_\_\_\_ Signature \_\_\_\_\_  
Registrar