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ATTACHMENT DETAILS FORM:

INSTRUCTION:

1. You are required to fill in duplicate and submit one copy to the faculty a week after your attachment commencement and keep one copy for your graduation clearance.
2. The form should be duly signed by the attachment organization

PERSONAL DETAILS

Names:.....Registration Num.....
Attachment Start Date:.....Ending Date.....
Student's Email Address:.....Mobile Phone Number.....
ProgrammeMode of study (Day/ Evening).....

ACADEMIC DETAILS

Year/Semester Admitted..... Year and Semester Completing.....

ATTACHMENT DETAILS

Name of Attachment organization.....Branch:.....
Address:.....Telephone:.....
Street (e.g.Jabavu):.....Building:.....
Office Name/NO:.....Location (e.g.Hurlingham).....

INTERNSHIP RETURNS

Name of University Assessor.....Date of Assessment.....
Signature/Stamp of Industry Supervisor.....
Date of Returning the logbook.....
This information is a complete description of who I am and everything about my Academic and Internship program.

Sign:..... Date:.....