




The Catholic University of Eastern Africa

TITLE	AUTHOR
PROCEDURE FOR ORIENTATION AND REGISTRATION (CUEA/DVC ACD/REG/02)	REGISTRAR
	NO. OF APPENDICES:
	4 (FOUR) (A-C)
AUTHORIZATION This Standard Operating Procedure is issued under the authority of:	
TITLE	DVC ACADEMIC
SIGNATURE	
DATE	23 March 2011
ISSUE DATE	23 March 2011
STAMP CONTROLLED / UNCONTROLLED	CONTROLLED
NOTE: <ol style="list-style-type: none"> Write amendments on the page provided (Clause 0.2) Controlled copies of this document will be in the DVC Academic and the Registrar's office 	

0. CONTENTS AND RECORD OF CHANGES

0.1 Table of Contents

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0.2 RECORD OF CHANGES

No.	Date <i>(dd-mm-yy)</i>	Details of Changes		Authorization
		<i>Page</i>	<i>Clause/subclause</i>	<i>Title</i>
1	19 May 2011	6,7,9,10	7.0 (Appendices A,B,C,D-numbering of forms)	Registrar

0.3 Distribution / Circulation

This Standard Operating Procedure is available at relevant functions for authorized users.

1.0 PURPOSE

To ensure all student are timely registered and oriented.


2.0 SCOPE

This procedure shall cover orientations and registration of both new and continuing students

3.0 REFERENCE

- 3.1 Student handbook
- 3.2 Programme of studies
- 3.3 Academic calendar
- 3.4 Quality Management Manual

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4.0 TERMS AND DEFINITIONS

4.1 HoD - Head of Department

5.0 PRINCIPAL RESPONSIBILITIES

The Registrar shall have the overall responsibility to ensure that this procedure is adhered to.

6.0 METHOD

6.1 The Administrative assistants in charge of the respective faculties shall enter the courses on offer for the respective trimester into the AMIS.

6.2 The administrative assistant shall submit registration forms (see appendix A) to respective departments.

6.3 Orientation and registration of new students

6.3.1 The university registrar in consultation with the DVC Academic shall convene an assembly of new students for orientation. Thereafter the students shall proceed to their respective departments and faculties where they are issued with the registration forms and the list of the courses on offer.

6.3.2 The student shall fill the registration form in quadruplicate which shall be signed by the respective HoD and proceed to the Credit Control department for verification of payments and approval. (Refer to work instruction no. 1).

6.3.3 On approval, students shall proceed to the Registry for verification of documents.

6.3.3.1 If the student is not cleared, he or she shall be advised accordingly and shall not continue with the registration process.


6.3.4 The Administrative Assistant shall verify the originality and completeness of documents in the application package.

6.3.4.1 If the applicant is cleared, the admissions officer shall formalize the application and issue a registration number and a password for access to AMIS.

6.3.4.2 If the applicant does not have the original documents he or she shall be advised accordingly by the Administrative Assistant

6.3.5 The Administrative Assistant shall guide the students to register for the courses using AMIS and print a registration report and an invoice.

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6.4 Registration of continuing students

6.4.1 The students shall proceed to their respective departments/Evening Programme office to be issued with registration forms and list of courses on offer. The HOD shall approve the dully filled registration form. Credit Control Officer shall verify the financial status of the student's account.

6.4.1.1 Administrative Assistants shall help students who shall have been approved for registration by the Credit Control Officer to register the units in the AMIS. (Refer to WI no. 1)

6.4.1.2 Students who shall not have been approved for registration shall be advised accordingly by the Credit Control Officer.

6.5 Dropping and adding units


6.5.1 The Administrative Assistant shall issue add/drop forms (see appendix B and C) to students who wish to make changes in their registration status during the first two weeks of the trimester.

6.5.2 The student shall fill in the drop/add form and submit to the HOD, Dean, Registrar and Financial Administrator for approval.

6.5.2.1 If the student's request to add/drop is approved, the respective administrative assistant shall effect the changes.

6.5.2.2 If the student's request is not approved, he or she shall be advised accordingly by the Administrative Assistant.

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6.6 Change of Campus/programme/withdrawal from university and claim for exemption

- 6.6.1 The Registrar shall receive from the DVC Academic a duly signed formal request for change of campus/programme/withdrawal from university and claim for exemption.
- 6.6.2 The Registrar shall instruct the Administrative Assistant concerned to effect the request.
- 6.6.3 For change of campus, a Clearance Form (see appendix D) shall be issued by the Registrar to the student. A letter shall be written upon fulfilling clearance requirements.

7.0 Appendices


- 7.1 Appendix A: Registration Form
- 7.2 Appendix B: Add Unit Form
- 7.3 Appendix C: Drop Unit Form
- 7.4 Appendix D: Clearance Form for Transfer

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APPENDIX A: REGISTRATION FORM

Original



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA
A. M. E. C. E. A.
 OFFICE OF THE REGISTRAR

P.O. Box 62157 - 00200
 Nairobi - KENYA
 Telephone: 0733-900025/0722-509812
 Fax: 254-20-891084
 Email: registrar@cuea.edu

REGISTRATION FORM (PRINT IN BOLD CAPITALS) 14246

A. PERSONAL DATA

Name: _____ Reg. No. _____
 ID/Passport No. _____ Tel: (Mobile) No. _____ Email _____
 Nationality/Country _____ Gender: Male _____ Female _____ Date of Birth: _____
 Religion: (*tick as appropriate*) Catholic _____ Protestant _____ Muslim _____ Others (specify) _____
 Status: (*tick as appropriate*) Married _____ Single _____ Catholic Priest _____ Rel. Sister/Br. _____ Seminarian _____ Others (specify) _____

B. REGISTRATION DETAILS

Campus: Langata _____ Kisumu _____ Gaba _____ Faculty: _____
 Yr of Study 1st _____ 2nd _____ 3rd _____ 4th _____ Trimester: 1st _____ 2nd _____ 3rd _____ Academic Yr: 20____/20____ Program: 4Yr _____ 3Yr _____ 2Yr _____ 1Yr _____
 Dept: _____ Combi/Specializn _____

C. UNITS OF STUDY

#	CODE	FULL TITLE	CR. HRS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

D. UNITS FOR UPGRADING/RETAKE

#	CODE	FULL TITLE	CR. HRS
1			
2			
3			
4			
5			


APPROVALS

Head of Dept.: Signature: _____ Date: _____ Stamp _____
 Credit Controller: Signature: _____ Date: _____ Stamp _____
 Registrar: Signature: _____ Date: _____ Stamp _____

Distribution: Original – Registrar; Duplicate- Credit Controller; Triplicate–HOD; Quadruplicate - Student

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Appendix B: Add Unit Form

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA REGISTRATION FORM FOR DROPPING UNIT(S)

NAME OF STUDENT..... REG. NO.....

POSITION AT CUEA

DEPARTMENT FACULTY SEMESTER YEAR OF STUDY

.....

ADDING EXTRA UNIT(S)

NO.	UNIT CODE	COURSE TITLE (IN FULL)	CR. (HRS)
1.			
2.			
3.			
4.			
5.			
6.			

FOR ADMINISTRATIVE USE ONLY

Signature HEAD OF DEPARTMENT

DATE

.....

.....

Signature DEAN OF FACULTY

.....

.....

Signature REGISTRAR

.....

.....


Signature FINANCIAL ADMINISTRATOR

.....

.....

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Appendix B: Drop Unit Form

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA REGISTRATION FORM FOR DROPPING UNIT(S)

NAME OF STUDENT..... REG. NO.....

POSITION AT CUEA

DEPARTMENT FACULTY SEMESTER YEAR OF STUDY

.....

DROPPING UNIT(S)

NO.	UNIT CODE	COURSE TITLE (IN FULL)	CR. (HRS)
1.			
2.			
3.			
4.			
5.			
6.			

FOR ADMINISTRATIVE USE ONLY

Signature HEAD OF DEPARTMENT

DATE

.....

.....

Signature DEAN OF FACULTY

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Signature REGISTRAR

.....

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Signature FINANCIAL ADMINISTRATOR

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Appendix C: CLEARANCE FORM FOR TRANSFER STUDENTS

SERIAL No.....(REVISED MARCH, 07)

Upon transfer of studies at CUEA a student must clear his/her financial obligations, return all library books, materials and/or equipments which belong to the university. It is the duty of every student therefore, to present this form to Heads of Department in the order listed below:-

Important:

This University **will not** issue any certificate, transcript, academic records, or letters of certification to the student, parent, sponsor, other Universities, Colleges, Institutions or employer until the student has cleared all his/her liabilities.

NAME OF STUDENT: _____ REG.
NO. _____

DEPARTMENT: _____ YEAR _____ OF
ADMISSION: _____

1. DEPARTMENT:

The Student has/has no liabilities to the Department. If he/she has, state the liability(ies) below:-

(a) _____

(b) _____ Signature of Head of Department and
Date

2. LIBRARY:

The Student has/has no liabilities to the Library Department. If he/she has, state the liability(ies) below:-

a) _____
Date Signature of University Librarian and

b) _____

3. DEAN OF STUDENTS:

The Student has/has no liabilities to the Dean of Students' Department. If he/she has, state the liability(ies) below:-


a) **In Dean of Students Office:**

i _____

ii _____

b) **In Sports:**

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i. -----

ii. -----

c) **Others:**

i. -----

Signature of Dean of Students and Date

ii. -----

4. FINANCE OFFICE:

The Student has/has no liabilities. If he/she has, state the liability(ies) below:-

a) **Finance Department:**

i. -----

ii. -----

iii. **Infirmary:**

iv. -----

v. -----

b) **Catering and Accommodation:**

i. -----

ii. -----

c) **Other Liabilities**

i. -----

Signature of Financial Administrator and Date


5. REGISTRAR:

I certify that the student has/has no liabilities to the university. If he/she has, state the liability(ies) below:-

Signature of the Registrar and Date

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