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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.....  
Programme (Bcom/Diploma.....Mode of study (Weekend/Day/ Evening).....

**ACADEMIC DETAILS**

Year/Semester Admitted..... Year and Semester Completing.....  
Indicate whether First or Second Attachment.....If 2<sup>nd</sup> indicate the no of exempted units if any..... Secured Internship Vacancy already.....(yes/no) If Yes, which company..... In which Town.....

**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:.....**

