



JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

DEPARTMENT OF STATISTICS AND ACTUARIAL SCIENCES

**P.O. BOX 62000-00200, CITY SQUARE NAIROBI
TELEPHONE: (067) 52711 FAX (067) 52164 THIKA**

STUDENT UNIT REGISTRATION FORM

To be completed in duplicate

I _____ (Full Name)

Registration No. _____ Year _____

Programme: BSc. Actuarial Science

Certificate/Diploma/Degree: Degree Year/Stage: Fourth Year /Semester II

ADP/Faculty of Science

Department of Statistics and Actuarial Sciences

Do hereby undertake to attend classes, submit assignments, sit for all CATs, attend all practical sessions and sit examinations in the following units;

S/No.	UNIT CODE	UNIT TITLE
1.	STA 2420	Financial Time Series
2.	STA 2423	Financial Risk Management
3.	STA 2492	Credibility Theory and Loss Models
4.	STA 2493	Survival Analysis
5.	STA 2495	Non-Life Insurance Mathematics
6.	HRD 2301	Life Assurance Theory

Student's signature: Date:

Course Co-ordinator's Signature: Date:

Approved by (CoD): Date:

Dean/Director : Date:

