KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)

STUDENT REGISTRATION FORM (NEWLY ADMITTED STUDENTS)
(To be filled in duplicate)

SEMMETER .......................... ACADEMIC YEAR .......................... DATE..........................

A. STUDENTS DETAILS
   Name .......................................................... Admission No. ..................................
   Mobile No. .............................................. E-mail address ..................................
   School ................................................. Degree Programme ...............................

B. PRESENTATION, VERIFICATION AND SUBMISSION OF JOINING INSTRUCTIONS
   (1) Original letter of admission.
   (2) Original & Copy of KCSE/Diplomas/Degree Certificates and Result Slip/Transcript.
   (3) Original & Copy of National ID Card.
   (4) Original & Copy of NHIF Card/and OR Family Insurance Cover Policy Number.
   (5) Submission of Joining Instructions and copies of documents.
   (6) Name of Verifying Admissions Officer .......................................................... PF/ID ... 

   Signature .................................................. Date .................................... Stamp ..............

   NB: Submission of copies is applicable to KUCCPS students only.

C. ACTIVATION ON THE DATABASE
   Biodata verification stage (Check and Update Order of Names, KCSE Index No & County)
   Name of the Activating Officer .......................................................... PF/ID ..............

   Signature .................................................. Date .................................... Stamp ..............

D. FINANCIAL OBLIGATIONS (PAYMENT OF TUITION & ACCOMMODATION FEES)
   Name of Bank .................................................. Bank Slip No. ..............................
   Amount paid Kshs. .....................................................................................................
   Name of the Activating Finance Officer .......................................................... PF/ID ..............

   Signature .................................................. Date .................................... Stamp ..............

E. ISSUANCE OF STUDENT IDENTITY CARD/SMART CARD
   Name of Processing and Issuing Officer .......................................................... PF/ID .........

   Signature .................................................. Date .................................... Stamp ..............

F. RECEIPT OF IDENTIFICATION CARD
   Student’s Signature .......................................................... Date .....................................

   THIS FORM MUST BE SUBMITTED TO THE REGISTRAR (ACADEMIC) ROOM 012 ADMISSION
   BLOCK AT MAIN CAMPUS OR OFFICES OF DIRECTORS IN ALL SATELLITE CAMPUSES AT THE
   END OF THE REGISTRATION EXERCISE.

   sr-infodesk@ku.ac.ke

Transforming Higher Education… Enhancing Lives
Kenyatta University is ISO 9001: 2015

KU/REG/1
ADMISSION NO.: ________________________________________________________________

LETTER OF ACCEPTANCE TO ABIDE BY

UNIVERSITY RULES AND REGULATIONS

(To be completed and returned by those accepting the offer.)

Regulations Governing the Conduct and Discipline of the Student of the University prepared in accordance with the Universities Act and the Kenyatta University charter are reproduced here below. Read them carefully and confirm your willingness to abide by them by signing at the end of this document (on page 6).

REGULATIONS GOVERNING THE CONDUCT AND DISCIPLINE OF THE
STUDENT OF THE UNIVERSITY

1. Definition of student:

(a) All students who have been formally admitted to a course of study for an Undergraduate degree within the University.

(b) All occasional students who are registered students of another University but are admitted to courses of study within Kenyatta University.

(c) All postgraduate students who are registered for higher degree courses within the University.

2. Vice Chancellor’s powers

The regulations and control of students’ behavior shall be administered by the Vice Chancellor on behalf of the council.

3. Regulations

The following regulations shall apply to all students:-

(a) Motor Vehicle

A student may not keep a motor vehicle on University premises without written permission from the Registrar (Administration): such permission will not be given without proof of a current driving
license, a valid road tax license and current certificate of insurance. Such permission may be refused or withdrawn without assigning any reason thereof.

(b) **Responsibility of University property**

A student or group of students will be held responsible for any damage to University property resulting from misuse or willful destruction of such property by that student or group of students.

(c) **Academic Responsibility**

Attendance of lectures, tutorials, seminars, practicals, and other scheduled courses of instruction are compulsory. The Dean of relevant School must authorize non-attendance due to illness or other good cause.

(d) **Noise**

It shall be an offence against University regulations to create unreasonable noise or behave in an unruly or rowdy manner to the disturbance or annoyance of other occupants of University premises.

(e) **Loss of or damage to students’ property**

The University disclaims all responsibility for losses of or damage to students’ property while on University premises.

(f) **Fire Fighting Appliances**

It shall be a serious offence against University regulations to interfere with, damage or remove, other than for firefighting purposes, any firefighting appliances.

(g) **Procession and Demonstration**

(i) It shall be a serious offence for any student or group of students whilst within the University to convene, organize, participate in any way be involved in any demonstrations, gatherings or processions or in any unauthorized ceremonies, gatherings or demonstrations for which permission has not been obtained from the University Government authorities.

(ii) It shall be a serious offence for any student or group of students to organize or participate in pickets or in any manner prevent any student or member of staff from performing their normal duties.

(h) **Drunkenness**

Whereas consumption of alcohol is not prohibited, drunkenness and disturbances of other students because of drunkenness will constitute a serious offence.

(i) **Drug-Taking and possession of Drugs**

It is a serious offence against University regulations to possess or take drugs as a student of this University.
(j) Correspondence

(i) Correspondence to the press or other mass media by members of the University their individual capacity, individual students or officials of the students’ organization and other students should bear their individual names and their private address.

(ii) No student shall make any public statement on behalf of the union or other societies on matters affecting the University without special authority from the Vice-Chancellor.

(iii) Correspondence by individual students or by officials of the students’ organizations (including students’ societies) to representatives of foreign governments or other sponsoring bodies shall be sent through the office of the Dean of Students, who will forward as appropriate.

(iv) Invitation to Government Ministries, representatives of foreign governments or other important persons to visit the University in their official capacity shall be notified to the University authorities in good time.

4. DISCIPLINARY PROCEDURES

(a) Academic Matters

(i) Within the Universities Act. The Kenyatta University Charter and the Statutes empower the Senate to discipline all students on all academic matters. Such discipline includes: receiving and approving recommendations from School Boards and Board Examiners with respect to who qualifies to sit University Examinations.

(ii) Senate makes determinations on who repeats which year, breach of examination regulations and who is to be discontinued from approved programmes of study. The decision of the Senate is binding subject only to an appeal for review on the basis of fresh evidence.

(iii) Breach of Examination Regulations

What Constitutes an Examination Offence of Irregularity?

- Trying to copy from unauthorized material.
- Passing verbal or written communication to other candidates in the examination room.
- Being in possession of used or unused examination answer books outside the examination room.
- Availing written material for use by other candidates.
- Copying from unauthorized material carried by the candidate himself/herself.
- Returning of examination answer books with written answers after the examinations.

Involvement in any examination irregularity will automatically lead to expulsion from the University.
(b) General Offences

The Senate Students Disciplinary Committee set up under the Kenyatta University Statutes Schedule 5.2.3. and is composed of:

(i) Deputy Vice-Chancellor (Academic) - Chairperson

(ii) Principal of the College of concerned student

(iii) Two student representatives (KUSA President and Academic Secretary)

(iv) One Senate Representative

(v) Dean of School of the concerned student

(vi) Chairperson of the relevant Department

(vii) Director of Students Affairs

(viii) Registrar (Academic) - Secretary

In Attendance

(ix) Chief Legal Officer

(x) Senate Secretariat

The Committee deals with all general offences committed by students in their day to day activities within the University other than the offences the University considers as major offences.

A student shall be given an opportunity of being heard before the students Disciplinary Committee makes its decision.

Under the senate students Disciplinary Committee, the penalties for the various general offences will vary according to the gravity of the offence.

The penalties will include:

(i) Letters of warning, which will be carried in the Students’ file.

(ii) Payment for damages.

(iii) Suspension from the University for a Specific Period.

(iv) Expulsion from halls of residence.

(v) Expulsion from the University.

(vi) A combination of any two or more of the above.

(vii) Any other penalties as the committee may deem fit.
(c) Council shall have the right to expel a student from the University without reference to the students when a student commits any of the following:

(i) Boycotts lectures.

(ii) Maliciously or willfully damages University property.

(iii) Violates regulations 3 (g).

(iv) Assaults any member of staff in the discharge of official duties.

(v) Convicted by a Court of law for any criminal offence, which the Council shall deem serious enough to warrant expulsion from the University.

(d) State Security Matters

The sovereignty of the State, together with the State Security Machinery to safeguard the sovereignty embraces the entire republic, within which the University falls. Accordingly, notwithstanding the existing University Machinery, the State Security Machinery cannot be faltered in the execution of its functions and duties. Such machinery is outside the University jurisdiction and any redress to action taken to such powers should be sought from the Government without in any way involving the University.

5. VARIATION OF REGULATIONS

The Vice-Chancellor shall have the power to add to or/and vary regulations contained in Section 3 until the next meeting of Council. But such addition or variation shall cease to have effect unless confirmed by Council at such meeting.

DECLARATION BY STUDENT

This is to confirm that I DO ACCEPT the offer and I promise to abide by the Regulations governing the conduct and discipline of the students of the University as spelt out in the regulations above.

Candidates’ Name: __________________________________________

(SURNAME) (OTHER NAMES)

Admission Number: __________________________________________

Degree Admitted: __________________________________________

School: __________________________________________

Department: __________________________________________

Signature: ____________________________ Date: ____________________________
LETTER OF ACCEPTANCE OF OFFER BY THE CANDIDATE

(To be completed by those ACCEPTING the offer)

Dear Sir/Madam,

With reference to your letter offering me a place in the School of ..........................................................
.............................................................................................................................................................................

For a course leading to a degree of .....................................................................................................................
.............................................................................................................................................................................

This is to confirm that I DO ACCEPT the offer, and I DO PROMISE TO ABIDE by the rules and Regulations governing the organization, conduct and discipline of Kenyatta University as spelt out in the “Regulations Governing the Conduct and discipline of the Students of the University”, prepared in accordance with the Kenyatta University Act, Kenyatta University Charter and Statutes.

FULL NAME: .....................................................................................................................................................
(SURNAME) ................................................................. (OTHER NAMES)

ID NO.: ............................................................................................................................................................

P. O. BOX: .......................................................... MOBILE NO.: .............................................................

ADMISSION NO.: .............................................................................................................................................

DEGREE ADMITTED: ........................................................................................................................................

SCHOOL: ..........................................................................................................................................................

DEPARTMENT: ..................................................................................................................................................

SIGNATURE: ............................................................... DATE: .................................................................
LETTER OF NON-ACCEPTANCE OF OFFER BY THE CANDIDATE

(To be completed by those NOT ACCEPTING the offer)

Dear Sir,

Candidate’s Name: 

Admission Ref. No: 

With reference to your letter offering me a place in the School of 

For a programme leading to 

This is to confirm that I WILL NOT ACCEPT the offer, because of the following reasons:-

(Mark X against that which is applicable.)

<table>
<thead>
<tr>
<th></th>
<th>Family problems</th>
<th></th>
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<tbody>
<tr>
<td>2</td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I have been offered an Overseas Scholarship</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The University has not offered me the course I applied for</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I have taken on employment</td>
<td></td>
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<td>6</td>
<td>Any other reasons (state the reason here)</td>
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</table>

Yours faithfully, 

(Surname)          (Other Names)

Signature: ___________________________ Date: ___________________________
KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)

University Admission No. ..............................................................

STUDENTS ENTRANCE MEDICAL EXAMINATION

IMPORTANT: Students should bring this form duly signed during the registration.

NOTE: A chest X-ray may be required if the doctor examines a student and feels that it is necessary. The film should be given to the student to bring to the University Medical Officer during the registration period.

PART I:

(a) SURNAME: ......................FIRST NAME: .......................... OTHER NAMES ..............................

DATE OF BIRTH: ............................................. SEX: ..............................................................

KCSE INDEX NO.................................................................

NATIONALITY: ...................................................... COUNTY ..............................................

RELIGION: ....................................................... SINGLE/MARRIED: ................................

SCHOOL:  ...........................................................................................................................

NAME, ADDRESS AND TELEPHONE NUMBER OF PARENT/GUARDIAN

...........................................................................................................................................

...........................................................................................................................................

NEXT OF KIN: ........................................................................................................................

(b) Have you ever been admitted into a hospital? ..............................................................

If so, state reason for admission and date: ............................................................................

...........................................................................................................................................

...........................................................................................................................................
(c) Have you had any of the following illness?

Tuberculosis or other chest infections  Yes/No

Fits, Nervous disease or fainting Attacks  Yes/No

Heart disease or rheumatic fever  Yes/No

Any disease of genitor-urinary system  Yes/No

Allergic to food or drug  Yes/No

Malaria  Yes/No

Sexually transmitted disease  Yes/No

If the answer to any of the above is yes, please give details with dates.

(d) If there are any other relevant details of your medical history not covered by the above, please give particulars.

(e) Has any member of your family suffered from

(i) Tuberculosis  Yes/No

(ii) Insanity or mental illness  Yes/No

(iii) Diabetes Mellitus  Yes/No

(f) Have you been immunized against any of the following diseases:-

(i) Small pox  Yes/No  Date:

(ii) Tetanus  Yes/No  Date:

(iii) Poliomyelitis  Yes/No  Date:

Student’s Signature: 

PART II (To be completed by the examining Medical Officer)

(a) Height: ......................................................... Weight: .........................................................

(b) VISUAL ACUITY

Without Glasses R. 6/ L. 6/

With Glasses R. 6/ L. 6/

(c) Hearing

Right Ear Left Ear

(d) Condition of:

Teeth .................................................................

Nose .................................................................

Throat ..............................................................

(e) Lymphatic Glands ..........................................................

Circulatory System ..........................................................

Blood Pressure ......................................................... Pulse .........................................................

Systolic .............................................................. Diastolic .....................................................

(f) Respiratory System ..........................................................

...........................................................

X-ray Chest if necessary ..................................................

..........................................................

THE STUDENT TO BE GIVEN THE CHEST X-RAY FILM TO BRING TO THE UNIVERSITY MEDICAL OFFICER DURING REGISTRATION

(g) Abdomen ............................................................... Spleen ..........................................................

Any Evidence of Hernia ..................................................

(h) Urine Albumin Sugar ..............................................

(i) Any observation defects in addition to general record of observation.

..........................................................

..........................................................
(j) Blook Khan Test

(k) Any other observation of importance

Date:       Signature:

Address:

Rubber Stamp:

PART III

(To be completed at the University)

SPECIAL REMARKS

Fit/Unfit for University Education

Is/Is not on treatment at present

DATE:       SIGNATURE:

SENIOR MEDICAL OFFICER
KENYATTA UNIVERSITY
KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)

Course Accepted for: ____________________________________________________________

EMERGENCY OPERATIONS/ADMISSIONS
(For those students under 21 years)

Approval of your parents (or guardian in case none of your parents is alive) is required for the Vice-Chancellor of Kenyatta University or his designate to give consent on their behalf, for an emergency operation or admission into a hospital to be carried out on you should a situation calling for such an operation or admission into a hospital arise.

FORM OF CONSENT

I agree that the Vice-Chancellor of Kenyatta University or his designate may consent to an emergency operation, or admission into a hospital on ____________________________ if it has proved impossible to contact me in time.

Admission No. .................................................. (Insert Name and Number) if it has proved impossible to contact me in time.

Name of Parent/Guardian: ........................................................................................................

National Identity Card No.: ....................................................................................................

Signature: .................................................................................................................................

Relationship: ..........................................................................................................................

Address: ................................................................................................................................
............................................................................................................................................
............................................................................................................................................
............................................................................................................................................

Date: .....................................................................................................................................
Information required in this form is intended to help the office of the Registrar (Academic) understand the students better. It will be used for the purpose of improving the student’s welfare while at the University.

1. Full Name: ________________________________________________________________
   (SURNAME)   (OTHER NAMES)

2. University Admission Number: ________________________________________________

3. Date of Birth: .................. Place of Birth: ________________________________

4. Sex: Male: □  Female: □  *(Tick appropriately)*

5. Religion: ___________________________ National Identity Card No.: __________________

6. NHIF Card No: ___________________________ Postal Contact Address: ________________

7. Nationality: ___________________________ Passport No.: __________________ Country: ________________

8. Family Home Address: __________________________________________________________
   Sub-location: ___________________________ Name of Sub Chief: ___________________________
   Location: ___________________________ Name of the Chief: ___________________________
   Division: ___________________________ County: ___________________________

9. Marital Status
   (a) Single/Married: __________________________________________________________

   (b) Name and Address of Spouse (if married) ________________________________
10. Full name and Address of the Mother: .................................................................
   Alive/Deceased: ..........................................................................................
   Occupation of Mother: .......................................................... Tel: ................. E-mail: ..........................
   Full name and Address of the father: .................................................................
   Alive/Deceased: ..........................................................................................
   Occupational of Father: ................. Tel: ......................... Email: ..........................

11. Name and Address of Guardian (if both parents are incapacitated)
   ...............................................................................................................
   Occupation of Guardian: ............................................................................
   Tel: ................................. Email: .....................................................

12. Name (2) of brother(s), Sister and dates of birth
   Name       Date of Birth
   ................................................................. ..............................................
   ................................................................. ..............................................
   ................................................................. ..............................................

13. Give names and address of three persons who can be contacted in case of emergency:
   Name   Relationship   Address, including telephone (If available)
   (i)       ....................  ....................  .....................................................
              Tel: ................................. Email: .............................................
   (ii)      ....................  ....................  .....................................................
              Tel: ................................. Email: .............................................
   (iii)     ....................  ....................  .....................................................
              Tel: ................................. Email: .............................................

14. Name and addresses of Secondary School(s) attended and dates
   ..........................................................................................................
   ..........................................................................................................
   ..........................................................................................................

15. K. C. S. E or Equivalent Results

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<tr>
<th>Subject</th>
<th>Grade</th>
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<th>Grade</th>
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16. Any other Institution /qualification: Qualification and Dates

Institution/Schools and Address

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17. Games/Sports: Which games or sports are you interested in?

- Soccer
- Hockey
- Basketball
- Netball
- Lawn Tennis
- Athletics
- Swimming
- Dart
- Volleyball
- Badminton
- Rugby
- Table Tennis
- Squash
- Martial Arts

If others specify

18. Did you represent your School in games/sports? If you did, in what capacity?

19. Clubs, Societies and Hobbies: Which clubs, societies or hobbies are you interested in?

Please give details or your participation.

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</tbody>
</table>
20. Please give any information you think is useful for you to communicate to this University in order to improve your Welfare as a student.

21. Give any other information that might assist the University to know you better.

22. I certify that the information I have provided is correct.

Signature: ___________________________ Date: ___________________________
KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)

STUDENT'S PERSONAL DETAILS

1. Full Name: ............................................
   SURNAME          FIRST NAME       OTHER NAMES

2. KCSE Index Number..................................................................................

3. University Admission Number: ..................................................................

4. Date of Birth: Day: ................................Month: ..............................Year: ..........

5. Gender: Male/Female: ........................................... Marital Status: ..................

6. Nationality: .................................................. County: ................................

7. National Identity Card No. .................................. Passport No. ......................

8. Postal Contact Address: ..............................................................................

   Mobile Phone Number: ....................................... E-mail: ..........................

9. Name of persons who can be contacted in case of emergency:

   (i) Name: ............................................. Mobile phone Number: ...................
       E-mail Address: .................................................. Relationship .....................

   (ii) Name: ................................................ Mobile Phone Number: ..............
       E-mail Address: ................................................ Relationship .....................

10. Do you have any form of physical disability? Yes ☐   No ☐

    If yes indicate the form of disability ................................................................

11. I certify that the Information I have provided is correct.

    Signature: ............................................. Date: ...................................

NB: This form should be returned together with other forms on the reporting date.
KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)

DECLARATION

I hereby undertake to complete the course
for which I have been accepted at Kenyatta
University unless I am requested to discontinue
by the University authorities.

I understand that change of School or Department will
be permitted only by authority of Senate.

I accept the regulations made from time to time
for the good order and governance of the University
Lawfully made by the Vice-Chancellor
and other duly appointed Officers of the University.

Name of Candidate: ______________________________________

Admission No: ____________________________________________

ID No: ___________________________________________________

Signature: ________________________________________________

Date: ____________________________________________________
KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)

STUDENT FEES REQUIREMENTS

The fees indicated below are required to be paid by every student on or before the day of registration.

Please note that payment must be paid in any branch of the following banks in Kenya:

- Family Bank: Account No. 045000023316
- Co-operative Bank of Kenya: Account No. 01129062461400
- National Bank of Kenya: Account No. 0100359150801
- Equity Bank Limited: Account No. 0180290518859

Payment of fees by cash or cheque is not acceptable.

<table>
<thead>
<tr>
<th>FEE DESCRIPTION</th>
<th>1ST SEMESTER Kshs.</th>
<th>2ND SEMESTER Kshs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition fee</td>
<td>8,000.00</td>
<td>8,000.00</td>
</tr>
<tr>
<td>Accommodation fees</td>
<td>3,000.00</td>
<td>3,500.00</td>
</tr>
<tr>
<td>Registration fees</td>
<td>500.00</td>
<td>-</td>
</tr>
<tr>
<td>Caution Money</td>
<td>2,000.00</td>
<td>-</td>
</tr>
<tr>
<td>Examination fees</td>
<td>1,500.00</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Activity fees</td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Student Identity Card</td>
<td>500.00</td>
<td>-</td>
</tr>
<tr>
<td>Medical Subscription</td>
<td>1,000.00</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Library</td>
<td>250.00</td>
<td>250.00</td>
</tr>
<tr>
<td>Computer fees</td>
<td>2,000.00</td>
<td>2,000.00</td>
</tr>
<tr>
<td>KUSA Membership</td>
<td>300.00</td>
<td>-</td>
</tr>
<tr>
<td>KUSA Subscription</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td>Alumni fees</td>
<td>500.00</td>
<td>-</td>
</tr>
<tr>
<td>Recreation and Sports Facilities</td>
<td>2,000.00</td>
<td>2,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,750.00</strong></td>
<td><strong>18,950.00</strong></td>
</tr>
<tr>
<td>Indexing fee for Bachelor of Science (Food, Nutrition and Dietetics) students only</td>
<td>5,000.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27,750.00</strong></td>
<td><strong>23,950.00</strong></td>
</tr>
</tbody>
</table>

DECLARATION OF ACCEPTANCE TO PAY FEES:

I ................................................................. Full Name of Parent / Guardian

(ID/Passport No. ..........................................................................................................................)

Parent/Guardian of .............................................................(Full name of student)

Admission/ Reference Number: ........................................... who has been admitted to pursue a
course leading to the degree of Bachelor of
..........................................................................................................................

*Accept to pay the required fees/do not accept to pay the fees.

(*delete as appropriate*)

Signature of Parent/Guardian: .................................. Date: ...............................................

Please read the information set down below carefully before you complete any of the attached forms.

1. **ARRIVAL AND REGISTRATION**

   (a) The registration of new students will take place at their respective Campuses.

   (b) All students **MUST** bring with them the *original copies of letters offering them admission into the University*.

   (c) They **MUST** also bring the following:

      (i) *Original and Photocopies* of their academic certificates or result slips.

      (ii) *Original and Copy* of the National Identification card (ID)

Please note that no student will be registered without the documents mentioned in (b) and (c) ABOVE.

2. **FINANCIAL REQUIREMENTS FOR ONE ACADEMIC YEAR**

   i. Tuition (Kenyans) 16,000.00
   ii. Accommodation Fee 7,000.00
   iii. Registration Fee 500.00
   iv. Caution Money 2,000.00
   v. Examination Fee 3,000.00
   vi. Activity Fee 1,000.00
   vii. Student Identity Card 500.00
   viii. Medical Subscription 2,000.00
   ix. Library 500.00
   x. KUSA Subscription 400.00
   xi. KUSA Membership 300.00
   xii. Alumni Fees 500.00
   xiii. Computer Fees 4,000.00
   xiv. Recreation and Sports Facilities 4,000.00

   **TOTAL** 41,700.00

   xv. Indexing Fee for Bachelor of Science Foods, Nutrition and Dietetics) students only 10,000.00

   **TOTAL** 51,700.00

**NB:**

All students are required to pay the first semester fees as shown in Form KU/1 before they are allowed to register into the University.
3. TRAVEL

Students are expected to make their own travel arrangements to the University.

4. MEDICAL EXAMINATION

Admission into the University is subject to a satisfactory Medical Report being received by the University. A student is therefore required to undergo a medical examination by a recognized medical practitioner before coming to the University. This is very important baseline information for a student’s health during his/her academic career and should be accurate and exhaustive as possible.

Form KU/4 is attached for this purpose. Please bring the form with you when you come for registration and submit it to the University Medical Officer.

5. MEDICAL ATTENTION AT THE UNIVERSITY

The University Health Unit is open to all students. However, students are advised to be prepared to meet all the expenses of any medical attention not provided by the University, bearing in mind that most Public Health Institutions have now instituted cost sharing measures.

6. OPTICAL AND DENTAL TREATMENT

The University does not provide optical and dental treatment. Any student having or suspecting to have problems should consult opticians and where necessary buy spectacles before coming to the University. Similarly, any student who might have dental problems should consult dentist outside the University for treatment.

7. STUDENT’S PERSONAL DETAILS – FORM KU/6

The registrar (Academic) would like to know as much as possible about each student to enable him understand and to serve each student better. For this purpose Form (KU/6) is provided. Please complete the two copies and return them to the Registrar (Academic)

8. STUDENTS IDENTIFICATION CARD

(a) After registration, each student will be issued with an identification card. You should be ready to show it as may be required during your life at the University. In this connection you are required to submit four 1” x 1” photographs to the Registrar (Academic) along with your letter of acceptance. The photographs must be taken from a good studio noting that the University does not accept photographs taken from “photo-Me” Kiosks.

(b) Please note that the Identification card is an important University document. Great care should be taken not to lose it. Lending it to anybody else who is not authorized to use the card is forbidden since you are the only person authorized to use your particular card.

9. NAMES

Please note that the set of names on all forms must be the same as the ones under which you registered for your examinations. Change of names after registration at the University will be permitted only after producing an affidavit or Deed of Change of Name from an advocate or a commissioner of oaths effecting such a change. Such change of name is ONLY PERMITTED DURING THE SECOND YEAR OF STUDIES
10. FOREIGN STUDENTS

Foreign students will pay full economic fees as may be determined by the University council from time to time. In this connection foreign students should complete Form KU/8.

11. NON-RESIDENTS STUDENTS

If you do not wish to reside at the University Students’ Halls of Residence, you will still be required to register yourself with the Office of Director Accommodation Services.

12. THE UNIVERSITY CALENDAR

The University calendar stipulates academic regulations that will govern your academic career as a student in this University. You should ensure that you are fully conversant with the relevant sections that concern your particular degree course and examinations. Copies are available in the University Library.

13. STUDENTS’ GUIDE

Please make sure that you are familiar with the content of this document issued by the Director of Student Affairs.

14. MATERIALS REQUIRED BY THE STUDENTS

Students are required to provide themselves with the following:

(i) Academic Stationery
(ii) Books and equipment (depending on the school in which one is registered)
(iii) Clothing and pocket money.
(iv) Bedding (Bedcover, blankets, Sheets and Bucket.

15. SPECIAL REQUIREMENT

Students who will be registered to read Geography, Botany, Zoology and Physical Education will be required to purchase a Cartography Kit, a Dissecting Kit, Laboratory Coat (White) or a Games Kit depending on the Department that registers them. If you intend to register in any of the four departments listed above, please be prepared to buy what the department will require at the market rate. As a guide, the following are the current prices.

(i) Games Kit Kshs.2,200.00
(ii) Dissecting Kit Kshs.500.00
(iii) Laboratory Coat (white) Kshs.500.00
(iv) Cartography Kit Kshs.1,500.00
(ii) Requirements for Bachelor of Science (Nursing and Public Health) Students placement.

1. Full uniform (White Coat and Name Tag)
2. Stethoscope
3. A pair of nurses scissors
4. A small torch
5. A watch with a second hand
6. Thermometer
7. Tape measure

Indexing by the Nursing Council of Kenya package

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Nursing Council of Kenya, Bank Account:

0948023954 - BARCLAYS BANK, QUEENSWAY BRANCH
01136098613400 - CO-OPERATIVE BANK, KIBERA BRANCH

Payments should be made within the first two weeks, then present the bank slips to the Department of Nursing Sciences.

(iii) Students who will be required to take Bachelor of Science (Food Nutrition and Dietetics) will be required to pay an indexing fee of Kshs.10,000.00/=