KENYATTA UNIVERSITY
OFFICE OF THE REGISTRAR (ACADEMIC)

APPLICATION FOR ADMISSION INTO KENYATTA UNIVERSITY
UNDERGRADUATE PROGRAMMES

NOTES:
(i) This form should be typed or completed in BLOCK LETTERS, and returned to:
The Registrar (Academic), Kenyatta University, P.O. Box 43844 - 00100 GPO,
NAIROBI.
Tel:8710901-19 Cisco: 020 8703061 or 020 8703210 Email: registrar-aca@ku.ac.ke

(ii) Attach Copies of (a) your current appointment letter (where applicable), (b) your
professional and academic certificates and transcripts (c) original receipt of payment for
application form (d) National Identity Card (copy).

(iii) Applicants from East Africa to pay a sum of Kshs. 2,000/- and those from outside East
Africa pay Kshs. 4,000/- as application fee through the Bank Account provided in the
advertisement.

(iv) Attach Two one by one inch (1” x 1”) photographs (Passport size).

SECTION A

1) Name……………………………………………………………………………………..………
   (Surname) (First name) (Other names in full)

2) Contact Address……………………………………………………………………………...............

3) Permanent Address……………………………………………………………………..………

   Telephone No: ……………………………… Mobile No: …………….……………………………

4) Nationality:………………………………………… County…………………………

5) KCSE Index No: …………………Name of Secondary School: ………………………

6) Date of Birth: Day……………… Month…………………. Year…………………………

   Email ………………………………………………………………………................................................

   Nearest Town:………………………………………………………………………………………..…..

7) Identity Card No…………………………………… Passport No……………………………………………

8) Gender: Male □ Female □ Marital Status ……………………………………………………

9) Do you have any form of physical disability? Yes □ No □

   If so indicate the form of disability……………………………………………………………...
SECTION B

10) (a) Name of Degree/Diploma/Certificate applied for:

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

(b) Specify subjects combination (where applicable).........................................................

(c) Check in Kenyatta University website for possible subject combination (where applicable)

(d) Mode of study (Tick as appropriate)

i. Full Time Preferred Campus (To be ticked by Full time applicants only)

- Main Campus
- Parklands Campus
- Ruiru Campus
- Kitui Campus

Others (Specify) ..............................................................................................................

ii. Part Time (Evening and Weekends)

- Parklands Campus
- City Campus
- Mombasa Campus

Others (Specify) ..............................................................................................................

iii. Continuing Education Programmes (Offered in the Months of April, August and December)

- Main Campus
- Kitui Campus
- Embu Campus

Others (Specify) ..............................................................................................................

iv. Open Learning (Digital School) Preferred Centre (To be ticked by Digital School applicants only)

- Nairobi
- Nakuru
- Kisumu

Others (Specify) ..............................................................................................................
11. Institutions attended and Qualifications obtained starting with the latest.

<table>
<thead>
<tr>
<th>QUALIFICATIONS</th>
<th>SCHOOL/COLLEGE/UNIVERSITY ATTENDED</th>
<th>YEAR OF COMPLETION</th>
<th>GRADES OBTAINED/CLASSIFICATION</th>
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<tbody>
<tr>
<td>(i) Academic – high school Certificates</td>
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<td>(ii) Professional courses</td>
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12. Work/Research experience (where applicable)

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<th>OCCUPATION</th>
<th>EMPLOYER</th>
<th>WORK STATION</th>
<th>DURATION</th>
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SECTION C

DECLARATION BY THE APPLICANT

I hereby declare that to the best of my knowledge that the information I have provided is correct.

Signature:…………………………………………………

Date:…………………………………………………………
SECTION D

13. For Official Use Only:

Analyzed by Name: ……………………………………….. Sign: ……………………

Recommendations

Approved
Not Approved
Deferred

Reasons for deferment:
   Incomplete Information
   Others:

……………………………………………………………………………...……………………
……………………………………………………………………………...……………………

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

SECTION E

14. Action to be taken

Admit
Reject

Follow-up action:

……………………………………………………………………………
……………………………………………………………………………

Officer’s Name:…………………………………………
Signature:…………………………………………
Date:…………………………………………
Official Stamp:……………………………………