



Serial No.

**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-acad@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 **USD 50.** - 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:

3b) Contacts of next of kin in case of emergency

i.)Name..... Relationship.....

Telephone No:Mobile No:

i.i) Name.....Relationship.....

Telephone No:Mobile No.....

3c) Contacts of sponsor(s) where applicable

i.)Sponsor’s name

Telephone No:Mobile No.....

ii.)Sponsor’s name

Telephone No:Mobile No.....

4) **Nationality:**.....**County**.....

5) **KCSE Index No:**

5b)Name of Secondary School(s) attended and year(s)

i.)School.....From.....to.....

ii.)School.....From.....to.....

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 please indicate the specific the nature of disability.....

NB: Kindly note that the information on the nature of disability will not be used against the student

10) How did you learn about Kenyatta University programmes? Please tick as appropriate

- Newspapers
- Television/Radio
- Kenyatta University Website
- Social media
- Career Fair/ Exhibition
- Others (Please specify).....

11) Previous enrolment information

a) Have you previously applied for a programme at Kenyatta University? If yes please indicate programme and registration number

.....
.....

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)

- | | |
|---|---|
| <input type="checkbox"/> Main Campus <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> City Campus <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Parklands Campus <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Nakuru Campus <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Ruiru Campus <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Mombasa Campus <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Kitui Campus <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Embu Campus <input style="width: 80px; height: 20px;" type="text"/> |

Others (Specify).....

ii. Part Time (Evening and Weekends)

- | | |
|---|--|
| <input type="checkbox"/> Parklands Campus <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Nakuru Campus <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> City Campus <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Embu Campus <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Mombasa Campus <input style="width: 80px; height: 20px;" type="text"/> | |

Others (Specify).....

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

- | | |
|---|---|
| <input type="checkbox"/> Main Campus <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Mombasa Campus <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Kitui Campus <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Nakuru Campus <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Embu Campus <input style="width: 80px; height: 20px;" type="text"/> | |

Others (Specify).....

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

- | | |
|--|--|
| <input type="checkbox"/> Nairobi <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Embu <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Nakuru <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Mombasa <input style="width: 80px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Kisumu <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Garissa <input style="width: 80px; height: 20px;" type="text"/> |

Others (Specify).....

11. Institutions attended and Qualifications obtained starting with the latest.

| QUALIFICATIONS | SCHOOL/COLLEGE/UNIVERSITY ATTENDED | YEAR OF COMPLETION | GRADES OBTAINED/CLASSIFICATION |
|--|------------------------------------|--------------------|--------------------------------|
| (i) Academic –high school Certificates | | | |
| | | | |
| | | | |
| | | | |
| (ii) Professional courses | | | |
| | | | |
| | | | |
| | | | |

12. Work/Research experience (where applicable)

| OCCUPATION | EMPLOYER | WORK STATION | DURATION |
|------------|----------|--------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

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:.....