

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

Telephone No Mobile No

E-mail

Nearest town.....

4) Date of Birth:

Day..... MonthYear.....

5) Citizenship

6) Passport No..... Identity Card No.....

7) Gender: Male Female Marital Status

SECTION B

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

.....

(b) Mode of study (Tick as appropriate)

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

Main Campus	<input type="checkbox"/>	Nyeri Campus	<input type="checkbox"/>
Parklands	<input type="checkbox"/>	City Campus	<input type="checkbox"/>
Ruiru Campus	<input type="checkbox"/>	Nakuru Campus	<input type="checkbox"/>
Kitui Campus	<input type="checkbox"/>	Mombasa Campus	<input type="checkbox"/>
Kericho Centre	<input type="checkbox"/>	Others (specify)	<input type="checkbox"/>

ii. **Evening and Weekends/ Part Time**

Parklands	<input type="checkbox"/>	Nakuru Campus	<input type="checkbox"/>
City Campus	<input type="checkbox"/>	Others (Specify)	<input type="checkbox"/>

iii. **Institution Based:** (To be ticked by Institution based applicants only)

Main Campus (K.U.)	<input type="checkbox"/>	Mombasa Campus	<input type="checkbox"/>
Kericho Centre	<input type="checkbox"/>	Others (Specify)	<input type="checkbox"/>
Nakuru Campus	<input type="checkbox"/>		

iv. **Open Learning (ODEL):** Preferred Centre (To be ticked by IOL applicants only)

Nairobi	<input type="checkbox"/>	Embu	<input type="checkbox"/>
Nakuru	<input type="checkbox"/>	Nyeri	<input type="checkbox"/>
Kisumu	<input type="checkbox"/>	Mombasa	<input type="checkbox"/>
Kakamega	<input type="checkbox"/>	Garissa	<input type="checkbox"/>
Others (Specify)	<input type="checkbox"/>		

9. **English Proficiency**

Are you proficient in English? Yes No

If yes, please provide evidence

Do you need help to improve your English Proficiency? Yes No

10. Institution attended and Qualifications obtained.

QUALIFICATIONS	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED
(i) Academic			
(ii) Professional			

10. Work/Research experience (where applicable)

OCCUPATION	EMPLOYER	WORK STATION	DURATION

SECTION C

DECLARATION BY APPLICANT

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

SignatureDate

SECTION D

For Official Use Only:

Recommendations

Approved
 Not Approved
 Deferred
 Reasons: Incomplete Information

Others:.....

Signature:Date:.....

SECTION E

12. Action to be Taken

Admit

Reject

Follow- up action:

.....

Signature :

Date :