



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 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 | ☐ | City Campus | ☐ |
| ▪ Parklands Campus | ☐ | Nakuru Campus | ☐ |
| ▪ Ruiru Campus | ☐ | Mombasa Campus | ☐ |
| ▪ Kitui Campus | ☐ | Embu Campus | ☐ |

Others (Specify).....

ii. Part Time (Evening and Weekends)

- | | | | |
|--------------------|--------------------------|---------------|--------------------------|
| ▪ Parklands Campus | ☐ | Nakuru Campus | ☐ |
| ▪ City Campus | ☐ | Embu Campus | ☐ |
| ▪ Mombasa Campus | ☐ | | |

Others (Specify).....

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

- | | | | |
|----------------|--------------------------|----------------|--------------------------|
| ▪ Main Campus | ☐ | Mombasa Campus | ☐ |
| ▪ Kitui Campus | ☐ | Nakuru Campus | ☐ |
| ▪ Embu Campus | ☐ | | |

Others (Specify).....

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

- | | | | |
|-----------|--------------------------|---------|--------------------------|
| ▪ Nairobi | ☐ | Embu | ☐ |
| ▪ Nakuru | ☐ | Mombasa | ☐ |
| ▪ Kisumu | ☐ | Garissa | ☐ |

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:.....