

Receipt No.

KIRINYAGA UNIVERSITY

COURSE APPLICATION FORM

PASSPORT SIZE
AFFIX 1
PHOTOGRAPHS

1. Applicant Bio-Data

Applicant's Surname:..... Other Names

Gender (M/F)..... Date of Birth: Nationality.....

ID. No..... Address..... County.....

E-mail:..... Telephone

Physically Impaired: Yes () No (). If yes please give details:

How did you know about Kirinyaga University?e.g. T.V advert, Radio, Friend etc.

2. Course applied for:

Course Name: Intake.....e.g September, January May

Mode of study: *Full-time* () *Part-time* () *School Based* ()

School..... Department.....

3. Education background

Below indicate any other institutions attended and qualifications attained

| Institution Attended | Dates | | Award | Date awarded |
|----------------------|-------------|-----------|-------|--------------|
| | From (year) | To (Year) | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

NB: (Attach certified copies of the relevant certificates).

Give names and contacts of two persons who can be easily reached in case of an emergency

i. Name: Relationship:
Address:..... Telephone:.....

ii. Name: Relationship:
Address:..... Telephone:.....

Terms and Conditions

1. The application fee is non-refundable.
2. Course fees must be paid in advance at the time of registration.
3. There will be no refund for abandonment of classes once they have commenced.
4. Service fee charged on all returned/dishonoured cheques will be met by the applicant.
5. The University accepts no liability whatsoever for any injuries inflicted during the course of training.
6. The University does not accept any liability for loss or damage to any property brought or left on the premises by the student.
7. Students will be charged for any damages caused to equipment by their negligence.
8. Certificates will only be awarded after the fulfilment of all the particular course's requirements.

DECLARATION

I certify that the information/statements made by me on this form are true, to the best of my knowledge, correct and complete.

Signature: Date:

SPONSOR'S UNDERTAKING

We/I, the undersigned, hereby confirm that the applicant will be sponsored by us for the listed courses.

Name of Sponsor _____ Authorised Signature _____

Date: _____

All correspondence should be addressed to:

**The Registrar
Academic & Student Affairs Office
KyU
PO BOX 143-10300
Kerugoya**

Application requirements

- 1) Application fee ksh 1, 000/=for Certificate/Diploma and ksh 1, 500/= for Degree students.
Deposit the application fee to;

**Kenya Commercial Bank (KCB)
Cooperative Bank
Equity Bank**

**ACCOUNT NO: 1104016028
ACCOUNT NO: 01129489200000
ACCOUNT NO: 0100299420333**

- 2) Copy of result slip/certificates
- 3) Copy of national ID/ Birth certificate
- 4) Passport photo (1)
- 5) Any other relevant documen