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KIRINYAGA UNIVERSITY

PASSPORT SIZE AFFIX 1 PHOTOGRAPHS

PROFESSIONAL / SHORT COURSES ADMISSION APPLICATION FORM

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 find out about Kirinyaga University?e.g. T.V advert, Radio, Friend etc.					
2. <u>Course applied for:</u> Course Name:					
Mode of study: Full-time () Part-time () School Based ()					
School	Department				

3. Education background

Below indicate qualifications attained for application to this course

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

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

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



Tel: +254 709 742 000/30,+254 728 499 6 .PO. Box: 143-10300 Kerugo .Email: vc@kyu.ac

Kirinyaga University is Zero Tolerant to Corruption

SPONSOR'S UNDERTAKING

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

Name of Sponsor _____ Authorized Signature ____

Date:

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/dishonored 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:

All correspondence should be addressed to:

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

Application requirements

 Application fee is Kshs 500/= 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 documents



KyU is ISO 9001:2015 certified

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