

## **KAIMOSI FRIENDS UNIVERSITY COLLEGE (KAFUCO)**

(A Constituent College of Masinde Muliro University of Science and Technology)

# APPLICATION FORM FOR ADMISSION TO BACHELORS DEGREE PROGRAMMES (UNDERGRADUATE)

## **NOTE:**

- i) That the completed form should be submitted to the Registrar (Academic Affairs, Kaimosi Friends University College, P O Box 385 - 50309, KAIMOSI.
- ii) That all applicants must attach copies of their result slips certificates/transcripts and original receipt of application fee (Kshs. 1,000/-) payment to Co-operative Bank - Mbale Branch, Account Name KAFUCO, A/C No. 0112 969 847 7700.

SECTION A: Course A	Application De	etails (Tick/Complete	e appropriately	<b>y</b> )
NAME OF PROGRAMME				
SUBJECT COMBINATION	i)	ii)		
(for education students)		,		
MODE OF STUDY	Full time	ODeL	Evening	Part-time
	[ ]Distance L	earning Upgrading	[ ]Institution Ba	ased Direct Entry
<b>SECTION B: Applicants</b>	Personal Deta	ils		
i) Name:				
,	name)	(First Name)	`	Other Names)
Postal Code	City/7	Γown	County	
Mobile	Fax		E-mail	
iii) Date of Birth (DD/	/MM/YYYY)		Gender	
Marital Status		.Nationality	Religion.	
National I.D		Passport No		
			-	
		City/Town	·	
Telephone		Fax	E-mail	
v) Emergency Contac	xt			
Postal Address			•••••	
Postal Code		City/Town	Count	ry
Telephone		Fax	E-mail	

### **SECTION C: Applicant's Education Background**

Please list colleges/schools you have attended (start with the highest)

POST SECONDARY & SECONDARY SCH ATTENDED	FROM (YEAR)	TO (YEAR)	AREA OF STUDY	QUALIFICATION ATTAINED	INDEX NO. EXAM REG NO

PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS

<b>SECTION D: Applicant's Working Experience</b>	<b>SECTION D:</b>	Applicant's	Working	Experience
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JOB TITLE	EMPLOYER	FROM	ТО

## **SECTION E: Applicant's Declaration**

Please indicate by ticking  $(\sqrt{})$  how you intend to finance your study

Through:	(i) Parent		)
	(ii) Self	Ì	ĺ
	(iii) Sponsor	Ì	ĺ
	(iv) Other (please specify)	Ì	ĺ
I declare that	all statements on this application form and any material filed	in	SU

I declare that all statements on this application form and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any other offer of a place and this withdrawal may take place at any stage during the course of study.

Signature of Applicant	Date	

#### **SECTION F: Evaluation**

FOR OFFICIAL USE			
Admission recommende	d:Admission n	ot recommended	
Degree Programme:			
Comment:			
SIGNATURE:			
DEAN	OF SCHOOL/FACULTY	DATE	