Kaimosi Friends University (KAFU)

Office of the Registrar, Academic Affairs

Tel: 0743-522152   P.O Box 385
E-mail: registrar_aa@kafu.ac.ke   Kaimosi - 50309
Website: www.kafu.ac.ke   Kenya

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, 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 Application Details (Tick/Complete appropriately)

NAME OF PROGRAMME	
SUBJECT COMBINATION (for education students)	i) ii)
MODE OF STUDY	[ ] Full time [ ] ODeL [ ] Evening [ ] Part-time [ ] Distance Learning [ ] Upgrading [ ] Institution Based [ ] Direct Entry

SECTION B: Applicants Personal Details

  i) Name: …………………………………………………………………………………
         (Surname)   (First Name)   (Other Names)

  ii) Postal Address: …………………………………………………………………………..

     Postal Code………………. City/Town…………………….County…………………….

     Mobile…………………..Fax………………………………E-mail……………………...

  iii) Date of Birth (DD/MM/YYYY)…………………………Gender………………………

     Marital Status……………………Nationality………………..Religion………………...

     National I.D……………………Passport No……………………………………………..

iv) Name of Next of Kin…………………………………………..Relationship…………………

Postal Address…………………………………………………………………………………………

Postal Code………………………..City/Town……………….Country…………………..

Telephone………………………….Fax…………………….E-mail……………………….

v) Emergency Contact……………………………………………………………………………

Postal Address………………………………………………………………………………..

Postal Code…………………………City/Town…………………….Country……………..

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

SECTION D: Applicant's Working Experience

JOB TITLE	EMPLOYER	FROM	TO

SECTION E: Applicant's Declaration

Please indicate by ticking (√) how you intend to finance your study

Through: (i) Parent_____   [ ]

(ii) Self _____   [ ]

(iii) Sponsor_____   [ ]

(iv) Other (please specify) _____   [ ]

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 _____

FOR OFFICIAL USE

Admission recommended:_____Admission not recommended _____

Degree Programme:_____

Comment:_____

_____

_____

_____

SIGNATURE:_____   _____

　　　　　　DEAN OF SCHOOL/FACULTY　　　　　　DATE