

## Kaimosi Friends University (KAFU)

#### Office of the Registrar, Academic Affairs

Tel: 0773040235/0777373639 E-mail: registrar\_aa@kafu.ac.ke Website: www.kafu.ac.ke P.O Box 385 Kaimosi - 50309

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.

| <b>SECTION A: Course A</b>   | pplication Details | (Tick/Comple | te appropriately)    |              |
|------------------------------|--------------------|--------------|----------------------|--------------|
| NAME OF PROGRAMME            |                    |              |                      |              |
| SUBJECT COMBINATION          | i)                 | i            | i)                   |              |
| for education students)      |                    |              |                      |              |
| MODE OF STUDY                | Full time          | ODeL         | Evening              | Part-time    |
|                              | Distance Learning  | g[]Upgrading | [ ]Institution Based | Direct Entry |
| <b>SECTION B: Applicants</b> | Personal Details   |              |                      |              |
| i) Name:                     |                    |              |                      |              |
| (Surn                        | ame)               | (First Name) | (Oth                 | ner 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                 | Passp              | oort No      |                      |              |
| iv) Name of Next of K        | in                 |              | Relationship         |              |
| Postal Address               |                    |              |                      |              |
| Postal Code                  | City               | /Town        | Country              |              |

## KAFU/F/501/009

|    |  | T   | elephone                                       |        |                    | .Fax         | Е-               | mail                      |               |                             |
|----|--|---|--|--------|--------------------|--------------|------------------|---------------------------|---------------|-----------------------------|
|    | v  | ) E   | mergency Conta                                 | ct     |                    |              |                  |                           |               |                             |
|    |  | P   | ostal Address                                  |        |                    |              |                  |                           |               |                             |
|    |  | P   | ostal Code                                     |        |                    | City/Tov     | vn               | Cou                       | ntry          |                             |
|    |  | T   | elephone                                       |        |                    | .Fax         | Е                | -mail                     |               |                             |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   | ECTION C: App                                  |        |                    | _            |                  |                           |               |                             |
|    |  | Please list colleges/schools you have attended (start with the highest) |  |        |                    |              |                  |                           |               |                             |
|    |  |   | T SECONDARY<br>CONDARY SCH<br>ATTENDED         |        | FROM<br>(YEAR)     | TO<br>(YEAR) | AREA OF<br>STUDY | QUALIFICATION<br>ATTAINED |               | INDEX NO.<br>EXAM REG<br>NO |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   | TTACH CERTIFI                                  |        |                    |              | TES, ACADEMIC T  | TRANSCRI                  | PTS AND RE    | SULT SLIPS                  |
| Sl | ECT  |   | ND: Applicant's NB TITLE                       | Workii | ng Experien EMPLOY |              | FROM             |                           |               | TO                          |
|    |  | 30  | DITTLE   |        | EMILOT             |              | TROM             | -                         |               | 10                          |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   | <b>NE: Applicant's I</b> icate by ticking ( $$ |        |                    | finance yo   | ur study         |                           |               |                             |
| Tl | hrou   | ıgh:  | (i) Paren                                      | t      |                    |              |                  |                           |               |                             |
|    |  |   | ` ′  |        |                    |              |                  |                           |               |                             |
|    |  |   | (iii) Sponse                                   | or     |                    |              |                  |                           |               |                             |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   | hat all statements                             |        |                    |              | _                |                           |               |                             |
|    | -  |   | and all required in                            |        |                    |              | _                | •                         | •             |                             |
|    |  |   | g relevant inform                              |        | -                  |              | -                | ig any othe               | er offer of a | place and this              |
| W  | withdrawal may take place at any stage during the course of study. |   |  |        |                    |              |                  |                           |               |                             |
|    |  |   |  |        |                    |              |                  |                           |               |                             |
| Si | gna  | ture (  | of Applicant                                   |        |                    |              | Date             |                           | <del></del>   |                             |

### **SECTION F: Evaluation**

|                | FOR                  | R OFFICIAL    | USE         |       |
|----------------|----------------------|---------------|-------------|-------|
| Admission reco | mmended:             | Admission not | recommended |       |
| Degree Program | nme:                 |               |             |       |
| Comment:       |                      |               |             |       |
|                |                      |               |             | <br>  |
|                |                      |               |             | <br>  |
|                |                      |               |             | <br>- |
| SIGNATURE:_    |                      |               |             |       |
|                | DEAN OF SCHOOL/FACUL | LTY           | DATE        |       |
|                |                      |               |             |       |