REVISION 4 UoEm-F-ADMS-001



Affix one of your current passport size photographs here

UNIVERSITY OF EMBU

APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE STUDIES (SELF-SPONSORED STUDENTS)

Details of courses offered and their entry requirements can be obtained on http://www.embuni.ac.ke

NOTE;

- 1. The form should be typed or completed and copies returned to the Deputy Vice-Chancellor (Academics, Research and Extension), P.O. Box 6 60100 Embu.
- 2. The following should be attached to the application form; (a) original copy of the fee deposit slip for the payment of a non-refundable application fee of Kshs 2,000 (Degree), KShs 1,000 (Diploma), KShs 500 (Certificate) and KShs 300 (Short course) for East Africans and USD 50 (Degree), USD 25 (Diploma), USD 15 (Certificate) and USD 10 (Short course) or its equivalent for Non East Africans; (b) copies of Result Slips/ or Certificates; (c) copy of National Identity Card/ Birth Certificate, and (d) two good quality passport photographs.

SECTION A - Course Application Details

1.	Name of Certificate/Diploma/Degree course applied for										
•	ou are not selected for the programme(s) which y		•		, in order of preference	ce, the					
	a) b)										
2.	Date of commencement		Semester	Ac	ademic_year						
3.	Department		School of								
4.	Mode of study (Tick)										
Ful	l time Evening	Weekend	I Open	learning	Institutional Ba	sed					
SEC	TION B – Applicant's Per	sonal Details									
1.	Names <i>(in full)</i> (Surna	me)	(First Name)	(C	Others)						
Po	stal Address	Postal (Code	Т	own/City						
Constituency Cou		County			Country						
TelephoneE		E-Mail _									
Da	te of Birth		Gender:								



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Marital Status		Nationality	Religion		on							
National	Identity Ca	rd No		1	Passport No							
2. Name	of Next of	Kin		R	Relationship							
Address			Postal Code	·	Town/City		Country					
Telephor	ie		E-	Mail								
3. Emerg	3. Emergency Contact (Name, if different from the above)											
Address			Postal Code	Town/City			Country					
Telephone			E-Mail									
4. Do yo	u have any	form of	disability? YES/NC)								
If yes, inc	dicate the na	ature of o	disability									
SECTION	I C — Institu	tions Atte	ended by the App	licant a	and the Qual	lifications	<u>Obtained</u>					
List all ins	stitutions at	tended a	nd the qualificatio	n obta	ined starting	with the	latest:					
Institutions Attended			From: (Month and Year)		To: (Month and Year)		Qualification Obtained					
i) Academic												
ii) Professional												
D/ .	. , .	<i>c</i>		• •								
	·		cates and academi		•							
	<u>l D – Applio</u> work exper		ctical/Work Exper	<u>rience (</u>	<u>Where appli</u>	<u>icable)</u>						
From	To Employe		er	Designation		Nature of Assignment						
CECTION:		5	1									
	l E – Applic			wile on	d accumata to	s the best	of my knowledge and fully					
			ion found to be fa				of my knowledge and fully disqualification.					
Applicant's Full Names					ID/Passport No							
DateApplicant's Signature												