

Affix one of your current passport size photographs

## **UNIVERSITY OF EMBU**

## APPLICATION FORM FOR ADMISSION TO PROFESSIONAL PROGRAMMES

## 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 or MPESA payment transaction code for the payment of a non-refundable application fee KSh.500 for East Africans and USD 15 for Non-East Africans (b) copy of KCSE Result Slip/ or Certificate; (c) copy of National Identity Card/ Birth Certificate, and (d) two good quality passport size photographs.

## <u>SECTION A – Course Application Details</u>

1.	Programme currently enrolled for at the University of Embu (UoEm)  a) UoEm Programme of Study								
	b) Admission Number								
2.	Name of professional course applied for								
3.	. Registration Number (Where applicable e.g. KASNEB Reg. No.)								
4.	4. Date of commencement								
5.	. Department School of								
6. Mode of study (Tick)									
Full time Evening Weekend Open learning Institutional Based									
SECTION B – Applicant's Personal Details									
1. Names (in full)									
	(Surname) (First Name) (Others)								
Postal AddressPostal CodeTown/City_									
Co	onstituency County Country	Country							
Tel	elephoneE-Mail								
Date of BirthGender:									
Ma	Nationality Religion	Religion							

Nationa	l Identity	Card No.		Passport No				
2. Name	e of Next	of Kin		R	Relationship			
Address		Postal Code		Town/City		Country		
Telepho	ne		E-	-Mail				
3. Emer	gency Co	ntact (Name	e, if different from	n the ab	ove)			
Address		Postal Code		Town/City		Country		
Telephone				1	E-Mail			
4. Do yo	ou have a	any form of	disability? YES/NO	o				
If yes, in	dicate th	e nature of o	disability					
<u>SECTIOI</u>	N C – Ins	titutions Att	ended by the App	olicant a	and the Qua	lifications	<u>Obtained</u>	
List all ir	nstitution	s attended a	nd the qualificatio	on obta	ined starting	g with the	latest:	
Institutions Attended			From: (Month and Year)		To: (Month and Year)		Qualification Obtained	
i) Academic								
ii) Profe	ssional							
Please a	ttach cop	oies of certific	cates and academ	ic trans	ı cripts			
	•	•	ctical/Work Expe	rience (	Where app	licable)		
List your From	r work experience To Employ		an an	Designation		Nature of Assignment		
From	10	Employe	:r 	Design	lation	Nature C	or Assignment	
		plicant's Dec						
			n given herein is t ion found to be f				of my knowledge and full disqualification.	
Applicant's Full Names					ID/Passport No			
Date					Applicant's S	ignature		