REVISION 2 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.

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

If you are not selected for the programme applied for, indicate below, in order of preference, the other programme(s) which you would like to be considered for:  a)
b)
Date of commencementSemesterAcademic_year
3. DepartmentSchool of
4. 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 Code Town/City
Constituency County Country
Telephone E-Mail



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Date of Birth				Gender:				
Marital Status			Nationality Religion					
National Identity Card No. Passport No								
2. Name of Next of Kin				R	Relationship			
Address		Postal Code	·	Town/City _		Country		
Telephone E-Mail								
3. Emergency Contact (Name, if different from the above)								
Address			Postal Code		Town/City		Country	
Telephone				I	E-Mail			
4. Do y	ou have an	y form of	disability? YES/NO	D				
If yes, ir	ndicate the	nature of	disability					
SECTIO	N C – Instit	tutions Att	ended by the App	olicant a	and the Qua	lifications	<u>Obtained</u>	
List all i	nstitutions a	attended a	nd the qualificatio	on obta	ined starting	g with the	latest:	
Institutions Attended			From: (Month and Year	To: (Month and Y		d Year)	Qualification Obtained	
i) Academic								
ii) Professional								
Please a	nttach copie	es of certifi	icates and academ	ic trans	cripts			
			actical/Work Expe	<u>rience (</u>	Where appli	<u>icable)</u>		
List your work experience From To Employ		er	Design	Designation		Nature of Assignment		
							<u> </u>	
SECTIO	N E – Appl	icant's Dec	<u>claration</u>					
			n given herein is t tion found to be f				of my knowledge and fully disqualification.	
Applica	nt's Full Na	mes	ID/Passport No					
Date	DateApplicant's Signature							



