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P.O Box 190
Kakamega – 50100
Kenya



MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

Office of the Registrar (Academic Affairs)

STUDENT HANDBOOK

MMU/2A

Masinde Muliro University of Science and Technology



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P.O Box 190
Kakamega
50100
Kenya

Office of the Dean of Students

BOND

I,Registration Number.....
(FULL NAME)

I hereby bond myself to be of good conduct during my stay at the Masinde Muliro University of Science and Technology.

I also bond myself to abide by all the University Rules and Regulations as contained in the Student Guide.

Failure to adhere to the above, the Masinde Muliro University of Science and Technology will reserve the right to institute disciplinary procedures against me.

Signed:Date:

Signed:
(Dean of Students)

Rubber Stamp.....

Masinde Muliro University of Science and Technology

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P.O Box 190
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 50100
 Kenya

Games and Sports Department

PERSONAL INFORMATION ON SPORTING AND GAMES ACTIVITIES

Name:.....

Reg No.:..... Campus:.....

Tel. No.:..... Email No:.....

Indicate by a tick (✓) the game/sport you have participated in or of your interest

| NO. | GAME | LEVEL OF PARTICIPATION | | | | | Sport/Game of Interest |
|--------|------------------------|------------------------|--------|----------|----------|---------------|------------------------|
| | | Zonal | County | Province | National | International | |
| 1 | Soccer | | | | | | |
| 2 | Netball | | | | | | |
| 3 | Volleyball | | | | | | |
| 4 | Handball | | | | | | |
| 5 | Rugby | | | | | | |
| 6 | Athletics-track/field | | | | | | |
| 7 | Basketball | | | | | | |
| 8 | Chess, Scrabble, darts | | | | | | |
| 9 | Tennis | | | | | | |
| 10 | Martial arts | | | | | | |
| 11 | Swimming | | | | | | |
| 12 | Hockey | | | | | | |
| 13 | Badminton | | | | | | |
| 14 | Table tennis | | | | | | |
| OTHERS | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

Signed..... Date.....

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P.O Box 190
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MMU/3

**AFFIX
COLOURED
PASSPORT
SIZE PHOTO
HERE**

Office of the Registrar (Academic Affairs)

Masinde Muliro University of Science and Technology

STUDENTS PERSONAL DETAILS

Information in this form is intended to help the Office of the Registrar understand the student better. It will be used for purposes of improving the Student's Welfare While at the University

(To be completed in written in CAPITAL/BLOCK letters or TICK where appropriate)

1 Name _____
Surname First Name Initial/Other

2. National Registration Number (I/D) _____ County _____

3. University Registration Number _____

Year of Study 1. First ☐ 2. Second ☐ 3. Third ☐ 4. Fourth ☐ 5. Fifth ☐

4. Date of Birth. _____
Day Month Year

5. Religion 1. Protestant ☐ 2. Catholic ☐ 3. Muslim ☐ 4. Others ☐ Specify: _____

6. Nationality 1. Kenyan ☐ 2. East African ☐ 3. Others ☐ Specify _____

7. Home contact address (where you can be contacted during vacations)

_____ P.O. BOX CITY/TOWN

TELEPHONE (LANDLINE) MOBILE PHONE (S) E-MAIL ADDRESS

8. (a) Marital Status 1. Single ☐ 2. Married ☐

(b) Name and Address of Spouse (if married) _____
(SURNAME) (FIRST NAME) (INITIAL/OTHER)

_____ P.O. BOX CITY/TOWN

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

9. (a) Full Name of Father: _____
(SURNAME) (FIRST NAME) (INITIAL/OTHER)

Deceased ☐ Alive ☐ Occupation _____

Date of Birth _____
Day Month Year

(b) Full Name of Mother: _____
(SURNAME) (FIRST NAME) (INITIAL/OTHER)

Deceased ☐ Alive ☐ Occupation _____

Date of Birth Day Month Year

10. (a) Full Name of Guardian _____
(SURNAME) (FIRST NAME) (INITIAL/OTHER)

(b). Occupation of Guardian _____
I/D No.

11. Address of Parent/Guardian _____
P.O. BOX CITY/TOWN

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

12.(a) Name of Next of Kin _____
(SURNAME) (FIRST NAME) (INITIAL/OTHER)

(b) Address of Next of Kin _____
P.O. BOX CITY/TOWN

I.D. NO.

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

13. Place of Birth: Village _____
Location _____ Name of Chief _____
Division _____ County _____ Constituency _____

14. Place of Permanent Residence:
Village _____ Nearest Town _____ Nearest Police Station _____

Location _____ Name of Assistant Chief _____ Name of Chief _____

15. Give names and addresses of two persons who can be contacted in case of emergency.

(i) _____
(SURNAME) (FIRST NAME) (INITIAL/OTHER)

RELATIONSHIP P.O. BOX TOWN/CITY

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

(ii) _____
(SURNAME) (FIRST NAME) (INITIAL/OTHER)

RELATIONSHIP P.O. BOX TOWN/CITY

TELEPHONE (LANDLINE) MOBILE PHONE E-MAIL ADDRESS

16. Name and address of Secondary School attended:

| | NAME | ADDRESS | TOWN | DATES | |
|----|------|---------|------|-------|----|
| | | | | FROM | TO |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

17. KCE/KCSE or equivalent Results (Subjects & Grades)

Mean Score/Division (where applicable)

18. Name and address of School attended for KACE/"A" Level (Where applicable)

(a) Name _____

(b) Address _____

P.O. BOX

TOWN/CITY

19. KACE Results/"A" Level Results (Subject and Grades)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

20. Any other Institutions attended and Qualifications attained

| | NAME | SPECIALIZATION | QUALIFICATIONS |
|----|------|----------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

21. Games/Sports: Which games and Sports do you participate in:

| | | | | | | | |
|---------------|--------------------------|------------------|--------------------------|------------------|--------------------------|----------------|--------------------------|
| 01. Soccer | <input type="checkbox"/> | 02. Hockey | <input type="checkbox"/> | 03. Basketball | <input type="checkbox"/> | 04. Netball | <input type="checkbox"/> |
| 05. Tennis | <input type="checkbox"/> | 06. Badminton | <input type="checkbox"/> | 07. Rugby | <input type="checkbox"/> | 08. Volleyball | <input type="checkbox"/> |
| 09. Athletics | <input type="checkbox"/> | 10. Swimming | <input type="checkbox"/> | 11. Table Tennis | <input type="checkbox"/> | 12. Darts | <input type="checkbox"/> |
| 13. Karate | <input type="checkbox"/> | 14. Martial Arts | <input type="checkbox"/> | 15. Others | <input type="checkbox"/> | | |

If you represented your school, etc. in games please give details:

22. Clubs and Societies: Which clubs and societies are you interested in:

Please give details of your application.

(a) First Choice _____

(b) Second Choice _____

(c) Third Choice _____

23. Do you suffer from any physical impairment? If so give details.

No. ☐ Yes ☐

24. Please give any information you think is useful for you to communicate to the University.

I certify that the information I have provided is correct.

Signature: _____ Date: _____



Office of the Registrar (Academic Affairs)

Masinde Muliro University of Science and Technology

AFFIX
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HERE

ENTRANCE MEDICAL EXAMINATION

IMPORTANT

Students are requested to complete Part 1 of this Form. Part 11 should be filled by a Certified Medical Practitioner at a Government Hospital. The completed Form should be brought personally and presented to the Medical Registration Officers on the day of Registration by the student. No medical reports should be brought earlier or sent by post.

PART 1

- (a) Surname Other Names
Date and place of birth Sex Nationality Race
Religion Marital Status
Faculty/School/Centre Registration Number
Name, Address, and Telephone Number of Parent/Guardian/Next of
.....
- (b) Have you ever been admitted in a hospital?
If so, state reason for admission and date.
.....
- (c) Have you had any of the following illness:
(i) Tuberculosis or other chest infection? Yes/No
(ii) Fits, Nervous disease or fainting attacks? Yes/No
(iii) Heart disease or Rheumatic fever? Yes/No
(iv) Any disease of the digestive system? Yes/No
(v) Any disease of Genito Urinary System? Yes/No
(vi) Allergies to food or drugs Yes/No
(vii) Malaria? Yes/No
(viii) Sexually Transmitted Disease? Yes/No
(ix) Poliomyelitis? Yes/No
If the answer to any of the above is Yes. Please give details with dates.
.....
- (d) If there are any other relevant details of your medical history not covered by the above questions please give particulars.
.....
- (e) Has any member of your family suffered from:
(i) Tuberculosis? Yes/No
(ii) Insanity or Mental illness? Yes/No
(iii) Diabetes Mellitus? Yes/No
(iv) Heart disease? Yes/No
- (f) Have you been immunized against any of the following diseases:
(i) Smallpox? Yes/No Date
(ii) Tetanus? Yes/No Date
(iii) Poliomyelitis? Yes/No Date
(iv) Tuberculosis? Yes/No Date
(v) Typhoid? Yes/No Date
(vi) Hepatitis B? Yes/No Date

Signature of Student: _____ Date: _____

PART 11

(To be completed by the Examining Medical Officer)

- (a) Height.....Weight.....
- (b) Visual Acuity:
Without glasses R.6/..... L./6.....
With glasses R.6/..... L./6.....
- (c) Hearing: Right Ear..... Left Ear.....
- (d) Condition of:
Teeth:
Nose:
Throat:
- (e) Lymphatic glands.....
Circulatory System.....
Pulse.....
Blood Pressure.....Systolic.....Diastolic.....
- (f) Respiratory System.....
- (g) Abdomen.....
Spleen.....
Any evidence of Hernia.....
Any evidence of Haemorrhoids.....
- (h) Urine...SG.....Albumin.....Sugar.....
- (i) Any observable physical defects in addition to general record of observation:
If any please specify.....
- (j) Is the student on any treatment?.....
If any please specify.....
- (k) Blood KhanTest / VDRL.....
- (l) Any other observation of importance.....
.....

Medical Officer:

Address:**Stamp& Date:**.....

PART III

(To be completed by the University Chief Medical Officer)

Special Remarks.....
.....
.....

Is the Student fit for University Education? Yes/No

Date:.....

Chief Medical Officer

For: MMUST.