**INTERNATIONAL ASSOCIATION FOR THE EXCHANGE OF STUDENTS FOR TECHNICAL EXPERIENCE – IAESTE Kenya**



**Application form to be an IAESTE Kenya Member Institution**

The completed application form should be sent by email to: internationaloffice@dkut.ac.ke and originals returned to the

The Chairperson

IAESTE Kenya

Nyeri-Mweiga Road

Private Bag – 10143, Dedan Kimathi

**1.0 PERSON FILLING IN THE FORM**

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| Full Name |
| Position within Applying Institution |
| Address |
|  |
| Town |
|  |
| Telephone |
| e-mail Address |
| Website |

**2.0 APPLYING INSTITUTION**

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| Name of Institution |
| Name of the Vice Chancellor/Principal |
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| Address of Institution |
|  |
| Town |
|  |
| Telephone |
| e-mail Address |
| Website |

**3.0 ADMINISTRATION OF THE EXCHANGE**

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| How do you plan to meet the operational and staffing costs of running the IAESTE Exchange programme? (What are your sources of funds: Government grants, Fund raising, Student and/ or Employers fees?) |
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**4.0 EDUCATIONAL INSTITUTIONS**

Universities and/ or Colleges in your geographical area to benefit from the Exchange, please list:

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Faculties from the Universities and Colleges to be included in the Exchange:

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| Approximate number of students studying in these Faculties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of years to graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Types of degrees obtained after graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Give a brief description of your Organisation |

**5.0 STUDENTS**

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| Average age of students applying for IAESTE training (normally would have completed half of their undergraduate studies)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred period of the year for practical training\_\_\_\_\_\_\_\_\_\_\_ Preferred duration\_\_\_\_\_\_\_\_(Months)  Number of students you expect to send abroad each year \_\_\_\_\_\_\_receive each year\_\_\_\_\_\_\_ |

**6.0 APPLICATION FEE**

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| An application fee of Kshs. 25,000 is due with this Application. Successful applicants will be required to pay this amount upon admission to IAESTE Kenya. Payment should be made by Bank transfer to:  Bank transfer to IAESTE account \_\_\_\_\_\_\_\_\_\_\_ (Yes/ No) Date of transfer \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees and confirms that it will attend the Annual General Conference and has the necessary funds to do so. |

## NAME OF PERSON WHO WILL BE IN CHARGE OF IAESTE

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Your signature and stamp confirms your acceptance of the Aims, Statutes and By-Laws of IAESTE Kenya and IAESTE A.s.b.l. by extension and that you are prepared to pay the Annual Subscription, when due.

**Date** \_\_\_\_\_\_\_\_\_\_\_\_**Official signature and stamp of Institution** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_