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OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS APPLICATION FORM FOR UNDERGRADUATE/DIPLOMA/CERTIFICATE PROGRAMMES

	Serial No								
			Recei	pt No					
NB: 7	o be completed in BLOCK LETTER :	S and return	ed to the R (egistrar, Acade	emic Affairs.				
SECTION A									
ı.	Name: {Mr, Mrs, Miss, and Ms}								
	Surname		Middle First						
2.	Date of Birth								
3.	Gender (Tick appropriately)	Male		Female					
4.	Marital Status (Tick appropriately)	Married		Not Married					
5.	Nationality		ID. No/PI	P No					
6.	Employer (If applicable)								
7.	Field of study								
	Current Address								
9.	Telephone No	Mobil	le No	•••••	•••••				
10.	Email			•••••					
11.	Permanent Address {if different from t								
	Religion								
13.	Name and contact of the parent/guard	ian							

SECTION B

14. EDUCATIONAL BACKGROUND

Schools/Institutions attended, years attended and qualifications obtained (attach copies of qualification(s) obtained).

DATES

S/NO	SCHOOL/COLLEGE ATTENDED	FROM	то	ATTAINED	GRADE		
I.							
2.							
3.							
4.							
	Indicate when you wish to join the Univ	May	appropr	iately) September			
	Main campus (Nchiru)	M	eru Town	campus			
Kibirichia Igembe							
Kanyakine							
17. The Undergraduate/Diploma/Certificate/short course applied for:							
a) b) c) d)	Name of Undergraduate/Diploma/Cerr Department						
	Full-Time P	art Time/W	eekend/	Distance Lea	rning		
18.	FINANCING						
	Indicate how you intend to finance your Address of the Sponsor (if applicable) Telephone/Mobile				•••••		

19. DECLARATION
Ideclare that the information given in this form is correct.
SignatureDate:
FOR OFFICIAL USE ONLY
20. Date Received/20
21. DEPARTMENTAL APPROVAL
Approved/ Not approved.
Reasons
Recommendations
SignatureDate
22. REGISTRAR (ACADEMIC AFFAIRS)
SignatureDate
All correspondences / enquires should be addressed to
REGISTRAR (ACADEMIC, RESEARCH & STUDENT AFFAIRS)
MERU UNIVERSITY OF SCIENCE AND TECHNOLOGY
P.O. BOX 972-60200

MERU TEL: 0725-330827 FAX: 064-30321 EMAIL: admission@must.ac.ke