**KCA UNIVERSITY**

**COURSE APPLICATION FORM**

**COMPLETE ALL APPROPRIATE SECTIONS IN BLOCK LETTERS AND RETURN WITH YOUR APPLICATION FEE AND OTHER SUPPORTING DOCUMENT TO:**

KCA UNIVERSITY,

OFFICE OF THE REGISTER,

P.O BOX OO900-00100,

NAIROBI.

KENYA.

TEL 254-002-8651046

EMAIL: [register@kca.ac.ke](mailto:register@kca.ac.ke)

Website: www.ac.ke

**Applicant’s Name(s)**

SURNAME FIRSTNAME MIDDLENAME

**Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth | Month | Day | Year | Female   |  | | --- | |  | | Male   |  | | --- | |  | |

Place of Birth Citizenship Marital Status

|  |  |  |  |
| --- | --- | --- | --- |
| National ID No/Passport No |  | Residential District | Home Location |

|  |  |  |  |
| --- | --- | --- | --- |
| Religion |  | Email Address |  |

Any form of disability YES NO

**Contact Address**

|  |  |
| --- | --- |
| P.O BOX Number | Town |
| Postal Code | Mobile No |
| E-MAIL Address | Tel No |

**Next of Kin or Guardian’s Details (**Contact in case of emergency**).**

Name Relation to Applicant

Address Telephone

Fax Email Address

**Guarantee of Fee Payment: Guardian Parent Self Sponsor**

**Employer**

**Contacts (Tel/Mobile)**

**Course Name**

Bachelor of Commerce Bachelor of Science in IT

Others (Specify)

**Preferred Intake**

January 2023 May 2023 September 2023

**Mode of Study**

Day Evening Weekend