

TECHNICAL UNIVERSITY OF MOMBASA

Office of the Registrar Academic Affairs

Reg.No: **BSCS/001J/2023** Reff. No: **APP/2022/000008**

Date: **13-Dec-2022**

MBAKA MARVY K P.O BOX 290 - 60400

CHUKA

Dear MBAKA MARVY K,

Admission for BACHELOR OF SCIENCE IN COMPUTER SCIENCE.

I am pleased to inform you that you have been admitted to Technical University of Mombasa (TUM) for BACHELOR OF SCIENCE IN COMPUTER SCIENCE. This is a 4 YEARS programme offered in the DEPARTMENT OF COMPUTER SCIENCE AND INFORMATION TECHNOLOGY at the \${campus}.

Registration begins on **01-01-2023** and ends **06-04-2023**. A candidate who will not have registered shall be deemed to have forfeited his or her offer. The University general rules and regulations governing students' code of conduct and discipline and any other subsequent regulations that may be approved by the Senate shall apply.

You are required to bring with you original copies of: Letter of admission, National ID, two recent passport sized photos, academic certificates, dully filled in medical form, NHIF card and requisite fees as attached. On arrival at the University, you should report to the Registrar Academic Affairs' Office to complete other registration processes. Thereafter, you will proceed to your respective Department for signing of the nominal roll.

The University has few places of accommodation which shall be issued upon registration on first come first served basis. This means that, the University does not guarantee accommodation, hence students are requested to make their own arrangements for accommodation.

If you accept this offer, please make A COPY of this letter which will be presented during the registration process. Please note that the admission is subject to formalizing the registration procedures as per University policies.

Full fees must be paid before admission through any of the bank accounts country wide indicated below. Bring with you the original bank deposit slip during registration. Official receipts will **ONLY** be issued upon production of a valid bank deposit slip. Cash payments are not allowed.

Standard Chartered Bank A/C No: 0102092728000, Barclays Bank A/C No: 2034098894 KCB A/C No: 1169329578, Co-operative Bank A/C No: 0112979001600, National Bank A/C No: 01038074211700, Equity Bank A/C No: 0460297818058.

Yours Sincerely,

Serah	Nekesa Welim	е			
Ag.	Registrar	Academic	Affairs		
Accep	tance:				
Name:				ID No:	
(Pleas	e write the orde	er of names as tl	ney appear in the I	National ID Card)	
Signat	ure:			Date:	



ISO 9001:2015 Certified

ACCEPTANCE AND DECLARATION FORM

- 1. I hereby undertake to complete the course for which I have been admitted at the TechnicalUniversity of Mombasa, unless otherwise provided in the prevailing University rules and regulations.
- 2. I understand the change of course will be permitted only by approval of the University Senate.
- 3. I shall abide by the rules and regulations of the University.
- 4. I undertake to read and understand the Student Disciplinary regulations and shall subject myselfto the Disciplinary process when applicable to me in complete cognizance of its requirements noting that the process is not negotiable.
- 5. I accept the rules and regulations governing the student association.
- 6. I shall be of good behavior in my academic endeavors while in the University.
- 7. I understand that if disciplinary action is taken against me, the University is at liberty tocommunicate the same to my parents, guardians, and sponsors (whichever is applicable).
- 8. I shall observe and apply Covid 19 protocols as stipulated.

Students' Name:			
National ID NO:	Date:		
Signature:		_	
R e g N o :			
Witness:	Date:		Parent
/Guardian's Name:			
Signature:	Relationshin [.]	Date [.]	

SGS ISO 9001:2015 Certified Page 1 of 1



TECHNICAL UNIVERSITY OF MOMBASA

Document: Form Ref No.: TUM/Form/RAA/010

Title: STUDENTS PERSONAL DETAILS

Department: REGISTRAR ACADEMIC AFFAIRS

Issue No. 1 Revision No. 1 Date: 10th March 2017

(T	o be completed in Duplicate and	in capital letters). One cop	by to be retained by the Candidate.
1.	Full Name(Mr./Mrs./Miss) Surname	First Name	Middle Name.
	University Registration Number		
(Course Applied:		
]	Faculty of:		
]	Department:		
	<u> </u>		
	Nationality	Passport/ID No	
	Contact Address. P. O. Box	Town	Code
	County/District	Locatio	n
			0
3.	Next of Kin's Names		
P	Address for Next of Kin	То	wn
	Phone NoPersons to be contacted in case o		
a.	Names	Phone No	
	P. O. Box	Town	Code
a.	Names	Phon	eNo
	P. O. Box	Town	Code



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5. Educational Train	ning/Secondary So	chool			
INSTITUTION	ATTENDED I	DATES From (year) To (year)		QUALIFICATION	
		1.6			
6. Other Academic of	or Professional Qi	ialification			
(Start with Current)		DA	ATES		Overall Grade
		From (month/year)	To (Month/ye	ear)	
7 a) Provide order of Transcript.	your names the w	ay you would like th	em to appear i	n your	final Certificate and
Surname	First Nam	e 1	Middle Name	•••••	
b) NB : ALL your o		•), Transcripts, (Certific	ates and Examination
Any change of name Handbook	e after filling this fo	orm shall attract a pen	alty of fees as in	dicated	l in the Student
I certify that the info	ormation I have pro	vided is correct.			
Student Signature:		Date:			



MIVERS/7	TECHNICAL UNIVERSITY OF MOMBASA					
g da	Document: Fo	orm	Ref No.: TUM/Form/RAA/011			
MBA	Title: MEDICAL EXAMINATION					
VS.	Department: REGISTRAR ACADEMIC AFFAIRS					
	Issue No. 1	Revision No. 1	Dates: 10th March 2017			

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REGISTRATION NO	
IMPORTANT	

Students are requested to complete **Part I** of this form, **Part II** should be completed by the Medical Officer examining the student. The completed Form should be brought personally and presented to the Medical Registration Officers on the day of registration by the student. **NB**: **No medical reports should be brought earlier or sent by post.**

PART I

i. Surname:Other Names: Date of birth:Place of birth: Nationality:Religion:	
ii. Name of Parent/Guardian/Next of kin:	
Address: Telephone PART II	Number:
(To be completed by the Examining Medical Office	J ,
a). Have you ever been admitted into a hospital?	
b). 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 digestive system?	Yes /
	No.
v. Any disease of Genital urinary system?	Yes / No.
vi. Allergies to food or drugs?vii. Malaria?Yes / No.	Yes / No
viii. Sexually transmitted disease?	Yes / No
ix. Poliomyelitis?	Yes / No.
If the answer to any of the above is Yes, Please give	



c). Has any member of y	our family suf	ffered from?	
i Tuberculosis?		ii Insanity or mental Illness	
iii Diabetes Mellitus?	Yes / No	iv Heart Disease?	Yes / No
d). Have you been immu	nized against a	any of the following diseases?	
i). Tetanus? Yes / No ii). Poliomyelitis? Yes		DateDate	
e). Have you suffered fro	om any of the f	following condition:	
i) Visual Acuity:			
Without Glasses R.6/	′L./0	6With Glasses R.6	/L./6
ii) Hearing: Right ea	ır	Left ear	
iii) Condition of: Teeth:	Nose:	Throat:	
Blood Pressure Diastolic v) Report on Respira Report on CHEST 2	tory system: X- RAY (wher	e necessary as per the clinical	
vi) Any observation of			
		o·	
Spleen			
		lefects in addition to general r	ecord of observation:
, ,	1 0	C	
	=		
	-		
, -		of importance	
Medical Office			
Address:	••••	•••••	
	•••••	Date & Stamp	
PART III.		11 .1 ***	0.65
	Lo be complet	ed by the University Medical	()tticer)

(To be completed by the University Medical Officer)

TECHNICAL UNIVERSITY OF MOMBASA **Document: Form** Ref No.: TUM/Form/RAA/012 Title: NEW STUDENTS ADMISSION **Department: REGISTRAR ACADEMIC AFFAIRS** Revision No. 1 Date: 10th March 2017 Issue No. 1 Special Remarks: Is the student fit for the Course Admitted? Yes / No TUM Medical Officer Date & Stamp: (To be filled in DUPLICATE) Provide your names in the order you would like them to appear in your final Certificate and Transcript. Any change of name requested after the two weeks registration period provided, shall attract a penalty Fee as indicated in the Students? Handbook Surname First Name Middle Name REG.NO.....COURSE..... DEPARTMENT......FACULTY. 1. a) DEPARTMENTAL DESK: VERIFICATION OF STUDENT?S ORIGINAL DOCUMENTS **Document** Academic Certificate **Indicate Number** Confirmed (Tick) (Certificate, Diploma or Degree)

COD/LECTURER?S NAME		
	(Official Rubber Sta	mp)
b) LEVEL OF ENTRY		
Year of Study Semester	Date	
2. STUDENT?S CONFIRMATION Signature	Date	
3. FINANCE DESK (Cash Office)		
Fees Payable (Kshs)		
Amount Paid (Kshs) Officer?s Name	Balance (Kshs) Sign	

4. M	DICAL DESK: MEDICAL EXAMINATION AND REPORTS
	REMARKS
	OFFICER?S NAMESIGNATUREDATE
5. RI	GISTRAR?S OFFICE (Admission Desk)
	I confirm that the student has met all the required admission procedures.
	Temporary ID Issued
	Signed Nominal Roll
	Admission Officer
	NameSignDate
6. AC	COMMODATION DESK (Optional)
	Accommodation is subject to availability of rooms and is served on first come first served basis.
	Is accommodation available? Yes No
	Room allocated
	Accommodation Officer
	Name Date
7. ST NO ′ I.	UDENT IDENTITY CARD PHOTO (To be taken after orientation) TE: The registration process must be completed within the first two weeks of the semester.

- II. Students MUST register for course units before commencement of classes
- III. Students are advised to visit www.helb.co.ke, download and fill the loan application form.



	NIVERSIT,	Т	ECHNIC	AL UN		Y OF MO	MBASA		7
×		Document:	nt: Form Ref No		Ref No.:	.: TUM/Form/RAA/013			1
ECHN	MBAS	Title: REGIS	SISTRATION CHECKLIST						
Departme			nt: REGISTRAR ACADEMIC AFFAIRS						The
		Issue No. 1	Revision N	No. 1	Date: 10th	March 2017			
	ring document		dully filled	l by al	new stude	ents and pro	esented to t	he adm	issions
S/N Document					Availed Not Availed				
	Copy of adm	nission letter							
	Certificates ((Original and	d copies fo	r certii	fication)				
	Dully filled	new students	s Admissio	n form	1				
	Dully filled	new students	s Personal 1	Details	s form				
	Dully filled	Acceptance 1	Declaratio	n form					
	Dully filled	Medical Exa	mination r	eport					
Name	Dully filled Accommodation form (optional)				SITY OF N	MOMBAS	A	of	
WOW STATE			Document: Form		Ref No.: TUM/Form/RAA/008				
Title: EXAMINERS RECORD				RECORD					
		Department: REGISTRAR ACADEMIC AFFAIRS							
			ssue No. 2	Revis	ion No. 0 Date: 5th April 2018				
Studen	t:		Sigr	ı:		Date	•		

INSTRUCTIONS TO ALL STUDENTS

Name of Registry Officer: ______ Sign: ______ Date: _____

1. STUDENTS PERSONAL DETAILS.

You are required to complete Two (2) copies of Form *TUM/Form/RAA/010 STUDENTS PERSONAL DETAILS* and return a copy together with two (2) **COLOURED PASSPORT SIZE PHOTGRAPHS** to the Registrar (AA).

2. MEDICAL EXAMINATION.

Admission into University is conditional upon satisfactory medical report being received. Students are therefore required to undergo a medical examination by recognized medical practitioner before coming to the University.

Document TUM/FORM/RAA/011 MEDICAL EXAMINATION FORM is attached for

this purpose. The Doctor who examines the student is kindly requested to complete the form. The student is required to bring the report along with him/her on the day of registration. The form should **NOT BE SENT BY POST**.

3. MATERIALS NEEDED BY STUDENTS.

i. Stationery ii. Books and equipment (depending on the faculty/School/Institute) in which one is registered. iii. Beddings (Bed cover, Sheets and bucket)

INSTRUMENTS AND PROTECTIVE GEAR FOR STUDENTS IN THE FOLLOWING FACULTIES.

Engineering.

- %2. A set of Draughtsman drawing instruments
- %2. 2H, HB and 3H pencils and a good quality eraser.
- %2. Blue Overall. iv. Safety Boots
- v. Scale rulers for Architectural Students.

Applied Sciences.

- i. One white laboratory coat ii. Safety Boots
- iii. ii. Dissecting Kit