TECHNICAL UNIVERSITY OF MOMBASA

Office of the Registrar Academic Affairs

Reg.No: **BBIT/002J/2023**
Reff. No: **APP/2022/000004**
Date: **13-Dec-2022**

NYAMBURA THUKU CHARLES
P.O BOX 166 - 20109

SUBUKIA

Dear NYAMBURA THUKU CHARLES,
Admission for BACHELLOR OF BUSINESS IN INFORMATION TECHNOLOGY.

I am pleased to inform you that you have been admitted to Technical University of Mombasa (TUM) for **BACHELLOR OF BUSINESS IN INFORMATION TECHNOLOGY.** This is a **4 YEARS** programme offered in the **DEPARTMENT OF MANAGEMENT SCIENCE** 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: L**etter 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 Welime
Ag. Registrar Academic Affairs
Acceptance:
Name: _____ **ID No:** _____
 (Please write the order of names as they appear in the National ID Card)
Signature:_____**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: _____

Permanent email address: _____

National ID NO: _____Date: _____

S i g n a t u r e : _

R e g N o : _

Witness:_____   Date: _____   Parent /Guardian's Name:_____

Signature: _____Relationship: _____ Date: _____

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**

(To be completed in **Duplicate** and in capital letters). One copy 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: ....

  Transcript No.. Index No...
2. Date of Birth: .... Gender..

   Nationality ....Passport/ID No...

   Contact Address. P. O. Box ....Town ....Code.......................

   County/District.. Location............................ ....

   Marital Status.. Phone No...
   Email Address.. Other........................... ....

3. Next of Kin's Names...

  Address for Next of Kin.. Town........................... ....

   Phone No... Email: ....
4. Persons to be contacted in case of Emergency:

a.   Names.. Phone No..

     P. O. Box....................................... Town........................... ....Code...........................

a.   Names.. PhoneNo...

     P. O. Box ....Town................................. Code.................................

5. **Educational Training/Secondary School**

INSTITUTION ATTENDED	DATES From (year) To (year)	QUALIFICATION

6. **Other Academic or Professional Qualification**

(Start with Current)	DATES		Overall Grade
	From (month/year)	To (Month/year)	

7 a**) Provide order of your names the way you would like them to appear in your final Certificate and Transcript.**

....
    Surname   First Name   Middle Name

b) **NB**: ALL your official documents including Student ID, Transcripts, Certificates and Examination Cards will have your names written in this order.

Any change of name after filling this form shall attract a penalty of fees as indicated in the Student Handbook

I certify that the information I have provided is correct.

Student Signature: .... Date: …………………………………

	TECHNICAL UNIVERSITY OF MOMBASA	
Document: Form		**Ref No.: TUM/Form/RAA/011**
Title: MEDICAL EXAMINATION		
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: ....Gender: ....

  Nationality: ....Religion: ....Marital Status: ....

ii. Name of Parent/Guardian/Next of kin: ....

  Address: .... Telephone Number: ....

PART II

(To be completed by the Examining Medical Officer from Recognized Hospital)

a). Have you ever been admitted into a hospital? ....

     If so, state reason for admission and .date........................ ....

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?	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...

....

....

c). 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

d). Have you been immunized against any of the following diseases?

   i). Tetanus? Yes / No...........................Date...........................

   ii). Poliomyelitis? Yes / No ....Date...........................

e). Have you suffered from any of the following condition:

   i) Visual Acuity:

   Without Glasses R.6/...................L./6...................With Glasses R.6/..........L./6.................

   ii) Hearing: Right ear........................... Left ear...........................

   iii) Condition of:

   Teeth: ....Nose: .... Throat: ....

   iv) Lymphatic glands...

       Circulation system.. Pulse...

       Blood Pressure...Systolic....................................

       Diastolic...........................

   v) Report on Respiratory system: ....

   ....

   Report on CHEST X- RAY (**where necessary as per the clinical finding**)

   ....

   ....

  vi) Any observation on the following:

   Abdomen..

   Spleen...

   Evidence of Hernia...

   Evidence of Hemorrhoids...

   vii)   **Any observable physical defects in addition to general record of observation**:

      If any, please specify...

      Is the student on any treatment? ....

      If any, please specify...

      viii) **Any other observation of importance**..

   ....

   Medical   Officer: ....

   Address: ....

   Sign...Date & Stamp...

   PART III.

(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
	Issue No. 1 — **Revision No. 1** — **Date: 10th March 2017**

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 (Certificate, Diploma or Degree)	**Indicate Number**	**Confirmed (Tick)**

COD/LECTURER?S NAME ....SIGN. ....DATE....................
(Official Rubber Stamp)

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) ....Balance (Kshs) ....
Officer?s Name.. Sign.. Date....................

4. **MEDICAL DESK: MEDICAL EXAMINATION AND REPORTS**

REMARKS..

....

....

OFFICER?S NAME......................SIGNATURE....................DATE...................

5. **REGISTRAR?S OFFICE** (**Admission** *Desk*)

I confirm that the student has met all the required admission procedures.

Temporary ID Issued

Signed Nominal Roll

Admission Officer

Name.....................................Sign....................Date......................................

6. **ACCOMMODATION 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 ....Signature...................................... Date......................................

7. **STUDENT IDENTITY CARD PHOTO (To be taken after orientation)**
 NOTE:
   I.   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.

The following documents should be dully filled by all new students and presented to the admissions desk upon registration.

S/N	Document	Availed	Not Availed
	Copy of admission letter		
	Certificates (Original and copies for certification)		
	Dully filled new students Admission form		
	Dully filled new students Personal Details form		
	Dully filled Acceptance Declaration form		
	Dully filled Medical Examination report		
	Dully filled Accommodation form (optional)		

Name of

	TECHNICAL UNIVERSITY OF MOMBASA	
	Document: Form	**Ref No.: TUM/Form/RAA/008**
	Title: EXAMINERS RECORD	
	Department: REGISTRAR ACADEMIC AFFAIRS	
	Issue No. 2 / **Revision No. 0**	**Date: 5th April 2018**

Student: _____ Sign: _____ Date: _____

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

INSTRUCTIONS TO ALL STUDENTS

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