

# EGERTON

P.O. Box 536  
20115 Egerton, Kenya



# UNIVERSITY

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## OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

2020-06-16

**REGISTRATION NO: S13/02616/20**  
**NAME: PETER EMANUEL KIMINDU**  
**ID NO: 38963074**  
**PHONE NO: 0746686501**

### LETTER OF OFFER

Following your application for undergraduate studies, we are pleased to inform you that you have been offered admission to Egerton University for **Regular Degree Bachelor of Science in Computer Science in the faculty of Faculty of Science.**

The programme is designed to take Four academic years consisting of Two Semesters each. The programme will be offered at Njoro Main Campus and all new students will be required to report to the University for Registration and commencement of first semester studies of 2020/2021 academic year on 13th August, 2020. Your registration as a student of Egerton University shall be subject to the following conditions:

1. Verification of your qualifications by the University. You must, therefore, present the originals and certified copies of the following documents:  
**KCSE results slip or certificate, school leaving certificate, National ID, birth certificate, and chest Xray (Taken from a reputable Health Facility) at your first registration for verification.**
2. To accept, by signing, a declaration form, to adhere to all University Rules and Regulations governing Students Conduct.
3. Payment of all the fees and charges as set out below:

#### 2020/2021 Y1

No	Item	Amount (KES)
1	Tution Y1S1	8000
2	Administrative Costs Year 1 (Paid in Semester 1)	29340
	<b>Sub Total Y1S1</b>	<b>37340</b>
3	Tution Y1S2	8000
	<b>Total Year One</b>	<b>45340</b>

Please note that the University fees and charges are determined by the University Council. The Council may revise the fees structure at any time it deems necessary.

All students must pay the required fees in any of the following Banks in Kenya.

<b>Bank:</b>	<b>KCB Egerton Branch</b>	<b>Bank:</b>	<b>Cooperative Bank, Nakuru Branch</b>
<b>Account Name:</b>	<b>Egerton University Fees Account</b>	<b>OR Account Name:</b>	<b>Egerton University Fees Account</b>
<b>Account Number:</b>	<b>1101910895</b>	<b>Account Number:</b>	<b>01129025576700</b>

Mandatory Details while depositing fees in the Accounts:

i.) Student's Registration Number      ii.) Student's Name

**NO CASH PAYMENT PROVISION WILL BE MADE IN ANY CAMPUS.**

Please note that fees payment should be deposited at least one 1 week before reporting to enable the University to update financial records. You will also be required to make your own arrangements during the year to meet the following expenses: **Catering, Books and Accommodation.**

The University has limited accommodation facilities that are offered only to registered students on firstcome firstserved basis. Arrangements and payment for accommodation is made separately with the Chief Halls Officer. Detailed information about student hostel categories and their respective charges are available in the university website. If you accept the offer under these conditions, you should complete the following forms, namely, Letter of Acceptance(EU/AA/FM/05A) and Personal Details (EU/AA/FM/07A).

You are also required to undertake Medical Examination using FORM (EU/AA/FM/08A). Your parent or guardian must complete **FORM (EU/AA/FM/08A) if you are below 18 years of age.** You must then return the completed forms to the University when you report for registration.

If, however, you are unable to accept the offer (or report for the first semester) you should complete the relevant section(either A or B) of the enclosed FORM (EU/AA/FM/05A) and return it to the Registrar (Academic Affairs) Egerton University, P.O. Box 536 20115, EGERTON.

**Note:**

- 1. All the above forms can be downloaded from the University Website: [www.egerton.ac.ke](http://www.egerton.ac.ke)**
- 2. All students shall be assigned an Egerton University email address (.....@egerton.ac.ke) upon registration. This will be used for all communications during your studies at Egerton University**
- 3. IT IS MANDATORY FOR ALL 1ST YEARS TO RESIDE IN THE UNIVERSITY HOSTELS. Find the available hostels and their charges in other downloads**

We look forward to your joining Egerton University and on behalf of the ViceChancellor, I wish you success in your future studies at our institution.

Yours Sincerely,

**Prof. MWANARUSI SAIDI**

**AG. REGISTRAR (ACADEMIC AFFAIRS)**

Disclaimer: This admission letter is system generated and therefore does not require a signature. You may confirm validity of this letter by getting in touch with our admission office through the contacts provided

## STUDENT'S PERSONAL DETAILS

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PERSONAL DATA (As completed in the online form) - Please fill FOUR copies

**NAME:** *PETER, KIMINDU EMANUEL*

**ID NO:** *38963074*

**UNIVERSITY REGISTRATION No:** *S13/02616/20*

**NATIONALITY:** *KENYAN*

**HOME ADDRESS:** *5-90138, MAKINDU*

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PLACE OF PERMANENT RESIDENCE

**Village:**.....

**Nearest Town:**.....**Location:**.....

**Name of Assistant Chief:**.....

**Name of Chief:**.....

**Chief's Signature:**.....**Chief's Stamp:**.....

**Division:**.....**District:**.....

**Name of DC:**.....**D.C's Signature:**.....

**Date:**.....**Official Stamp:**.....

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PLACE OF BIRTH (IF DIFFERENT FROM PERMANENT ADDRESS)

**Village:**.....**Name of Chief:**.....

**Location:**.....**Division:**.....

**District:**.....**County:**.....



MEDICAL FORM

PERSONAL DATA (As completed in the online form)

NAME: PETER, KIMINDU EMANUEL  
REG No: S13/02616/20 NATIONALITY: KENYAN SEX:  
MARITAL STATUS: SINGLE RELIGION: CATHOLIC

STUDENT'S EMERGENCY CONTACTS

Name, Address and Telephone No. of Parent / Guardian / Next of Kin  
.....  
.....  
Name, Address and Telephone No. of family doctor.....  
.....  
Name of preferred private hospital in case of request of admission.....  
.....

MEDICAL INFORMATION (To be completed by the student)

Have you ever been admitted to hospital? YES / NO .....  
  
If so, State the reason for admission and date:  
.....  
.....

**Have you ever had any of the following illness?**

Tuberculosis or other chest infections	YES/NO
Fits, nervous diseases or fainting attacks	YES/NO
Heart disease or rheumatic fever	YES/NO
Allergies to food stuffs	YES/NO
Diabetes	YES/NO
Mental illness	YES/NO
Asthma	YES/NO

**If the answer to any of the above is YES, please give details and dates:**

.....

.....

**Any relevant details of your medical history not covered in the above questions:**

.....

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**Date:**.....**Signature:**.....

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MEDICAL INFORMATION (To be completed by examination officer)

**vision**.....

**Hearing**.....

**Circulatory pressure**.....**systolic**.....**diastolic**.....

**Random blood sugar**.....**Hb level**.....

**Blood group**.....**Urine chemistry**.....

**Is the student on any treatment?**.....

**If so, give details**.....

**Any other observation**.....

**Name of examining doctor (from a Government Hospital)**

**Medical Officer:**.....

**Signature:**.....**Official stamp:**.....

**NOTE: Private admission are paid by the parent / guardian**

**Medical form to be filled at least one week before reporting date  
(Appropriate evidence is required upon reporting)**

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**RECOMMENDATION (To be completed by Egerton University Medical Officer)**

**Special remarks**.....

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**Is the student fit for University education**                      **YES/NO**

**Date:**.....**Signature:**.....

**CHIEF MEDICAL OFFICER**