



TECHNICAL UNIVERSITY OF MOMBASA

Office of the Registrar Academic Affairs

Reg.No:**BBA/387J/2018**

Reff. No:**APP/2018/452668/BBA/354939**

Date:**15-Jul-2018**

KELVIN KIPKEMBOI
P.O Box 22 30304
KAPCHENO

Dear ,
Admission for Bachelor of Business Administration.

I am pleased to inform you that you have been admitted to Technical University of Mombasa (TUM) for **Bachelor of Business Administration**. This is a **4 Year years** programme offered in the **Department Of Business Administration** at the main Campus, Tudor Mombasa.

Registration begins on **3 September 2018** and ends on **7 September 2018**. 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, N HIF 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,

Dr. Gichuhi Paul Njihia
Registrar Academic Affairs

Acceptance:

Name: _____ ID No: _____
(Please write the order of names as they appear in the National ID Card)

Signature: _____ Date: _____

***Students are advised to visit www.helb.co.ke/download and fill the loan application form. ***



ISO 9001:2008 Certified

TECHNICAL UNIVERSITY OF MOMBASA		
Document: Form		Ref No.: TUM/Form/RAA/009
Title: ACCEPTANCE DECLARATION		
Department: REGISTRAR ACADEMIC AFFAIRS		
Issue No. 1	Revision No. 1	Date: 10th March 2017

A. I hereby undertake to complete the course for which I have been accepted at the Technical University of Mombasa, unless I am requested to discontinue by the University.

I understand the change of Faculty or Department will be permitted only by approval of the University Senate.

I accept the regulations made from time to time for the good order and governance of the University lawfully made by the University Council and other duly appointed officers of the University.

Students' Name: _____

Signature: _____ Date: _____

Parent /Guardian's Name: _____

Signature: _____ Relationship: _____ Date: _____

B. I also do understand that:

1. Technical University of Mombasas Students Disciplinary process is not negotiable
2. Rules and regulations governing the association conduct and discipline are not designed to prohibit interaction and other activities by students but instead to regulate and guide behavior so that the interaction and activities are carried out in a manner that is socially and morally acceptable and facilitative of an environment in which the University
3. I understand to be of good behavior Academic endeavours can thrive as stipulated in the said rules and regulations. Failure on my part to fulfill these requirements will result in the University taking any action it deems necessary against me.
4. If disciplinary action is taken against me, the University is at liberty to communicate the same to my parents, guardians and sponsors (whichever is applicable)

Permanent address: _____

National ID NO: _____ Date: _____

Signature: _____ Reg. No: _____

Witness: _____ 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.....

NationalityPassport/ID No Contact Address. P. O. Box ..

Town . Code. County/District..... Location Marital

Status..... Phone No.....

Email Address..... Other .

3. Next of Kins 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 .

b. Names..... Phone No..

P. O. BoxTown . 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.

Students 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	Date: 10th March 2017

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. 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**)

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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..

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Medical Officer:

Address:...

Sign.....Date & Stamp ..

PART III.

(To be completed by the University Medical Officer)

Special Remarks:

Is the student fit for the Course Admitted? Yes / No

TUM Medical Officer

Date & Stamp: ...

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

(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

REG. NO. .COURSE.....

DEPARTMENT . FACULTY ..

1. a) DEPARTMENTAL DESK: VERIFICATION OF STUDENTS ORIGINAL DOCUMENTS

Document	Indicate Number	Confirmed (Tick)
Academic Certificate (Certificate, Diploma or Degree)		

COD/LECTURERS NAME SIGN. DATE

(Official Rubber Stamp)

b) LEVEL OF ENTRY

Year of Study Semester . Date

2. STUDENTS CONFIRMATION

Signature Date ..

3. FINANCE DESK (Cash Office)

Fees Payable (Kshs) Amount Paid (Kshs) ...

Balance (Kshs)

Officers Name .. Sign Date

4. MEDICAL DESK: MEDICAL EXAMINATION AND REPORTS

REMARKS:.....

.....

.....

OFFICERS NAME.....SIGNATURE.....DATE.....

5. REGISTRARS 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.*

TECHNICAL UNIVERSITY OF MOMBASA		
Document: Form		Ref No.: TUM/Form/RAA/013
Title: REGISTRATION CHECKLIST		
Department: REGISTRAR ACADEMIC AFFAIRS		
Issue No. 1	Revision No. 1	Date: 10th March 2017

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 Student: _____ Sign: _____ Date: _____

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