



SOUTHERN CROSS
INSTITUTE OF TROPICAL MEDICINE

DIPLOMA & CERTIFICATE APPLICATION FORM

Address: P. O. Box 370-40100, Kisumu, KENYA

Email: southerncrossinstitute@gmail.com

Tel Office: +254 (0)717 - 056 523

Mobile: +254 (0)717 - 056 523

APPLICATION FOR ADMISSION

Admission No. _____

APPLICATION PROCEDURE

1. Read the application form carefully before filling any information. Give detailed information.
2. Attach photocopies of all academic and professional certificates. If they are not in English send translated and certified copies. Non-English speakers must provide proof of competence in English.
3. Attach Three(3) recent coloured passport size photographs
4. Send completed application form with a Bank Slip of Kshs.1,500 non-refundable application fee.
(Cash payment NOT acceptable)

Address

Application package to:

The Principal
Southern Cross Institute of Tropical Medicine
P. O. Box 370-40100, Kisumu, KENYA

OR

Drop it to our nearest Campus:

Kisumu (Main) Campus

Attach a recent
passport-sized
photograph here

| Full Names: | First Name | Middle Name | Last Name |
|-------------|------------|-------------|-----------|
| | | | |

ENROLLMENT INFORMATION (Tick one of the following)

Year of Entry _____

January May September

| | | |
|--|--|--|
| | | |
|--|--|--|

I would like to be considered for:-

• Diploma Level

☐

Diploma in Community Health and Development Social Work.
Diploma in Counseling.

• Certificate Level

☐
☐
☐

Certificate in Community Health and Development Social Work
Certificate in Counseling.
Certificate in HIV and Aids.

• Coming Soon

☐

Diploma in Clinical Medicine and Counseling.

CAMPUS OF STUDY

• Kisumu Main Campus

☐ Regular Day Classes**PERSONAL INFORMATION**

Last (family) Name _____ Middle Name _____ First Name _____

Date of Birth _____ Citizenship _____

Country of Birth _____ Passport No*/ID No. _____

Sex: Female ☐ Male ☐Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Years of formal education in English _____ Level: Primary _____ Secondary _____ Post Secondary _____

Other Languages spoken or written _____

Do you have any disability? Yes ☐ No ☐ If yes state nature of disability _____**CURRENT ADDRESS**

Postal Address _____ Code _____

City/Town _____ Country _____

Telephone (Home) _____ (Office) _____

Email _____ Mobile _____

PARENT/S / GUARDIAN / SPONSOR DETAILS

Names _____ Relation to Applicant _____

Address _____ Telephone _____

Email _____ Mobile _____

Occupation _____ Monthly Income _____

EDUCATION INFORMATION

Please list all the schools previously attended in the order which you attended them (Primary, Secondary levels & others if any)

| Name of Institution | Level | Area of Study | Duration of Study | Degree/Diploma/Certificates attained |
|---------------------|-------|---------------|-------------------|--------------------------------------|
| _____ | _____ | _____ | _____ to _____ | _____ |
| _____ | _____ | _____ | _____ to _____ | _____ |
| _____ | _____ | _____ | _____ to _____ | _____ |
| _____ | _____ | _____ | _____ to _____ | _____ |
| _____ | _____ | _____ | _____ to _____ | _____ |

RELIGIOUS AFFILIATION

Protestant

Denomination _____

Roman Catholic ☐ Hindu ☐ Africa Traditional Religion ☐ Muslim ☐ Other Specify _____

For Divinity Applicants:

Ordained ☐ To be ordained ☐

OCCUPATIONAL EXPERIENCE

This is for mature age applicants

Work Experience

| Employer | Type of Work | Dates | Title |
|----------|--------------|----------------|-------|
| _____ | _____ | _____ to _____ | _____ |
| _____ | _____ | _____ to _____ | _____ |
| _____ | _____ | _____ to _____ | _____ |

ADDITIONAL INFORMATION

How did you learn about Southern Cross Institute of Tropical Medicine?

☐ Newspaper ☐ Family/Friend ☐ Church Announcement ☐ University Prospectus

☐ T.V ☐ Website ☐ Radio ☐ Exhibition

Any other(specify) _____

Why do you wish to study through Southern Cross Institute of Tropical Medicine? (Give a brief account)

STUDENT DECLARATION

I _____ certify that all information given is true and accurate to the best of my knowledge. False information may lead to dismissal if admitted.

Signature _____ Date _____

PARENT/ GUARDIAN/ SPONSOR DECLARATION

I _____ (Parent/Guardian/Sponsor)
 second that the information given here in is true and accurate to the best of my knowledge and I appreciate that any false
 information may lead to immediate dismissal of the student if admitted.
 I hereby agree to undertake all tuition, boarding & any other financial responsibilities attracted by their entire stay at
 Southern Cross Institute of Tropical Medicine.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Recommendation of Departmental Academic Board:

Recommended: Programme _____

Number of years: One ☐ Two ☐ Three ☐ Four ☐

Not Recommended: Reason _____

Referred to _____

Head of Department's Signature _____ Date _____

Endorsed by Dean of Faculty _____

Dean's Signature _____ Date _____

Admission's Committee Decision

Approved: Programme _____

Number of years: One ☐ Two ☐ Three ☐ Four ☐

Not Approved: Reason _____

Chairperson's Signature _____ Date _____

Action by Registrar _____ Signature _____ Date _____

CHECKLISTS

To be completed by the applicant: (please confirm that you have attached the documents below by ticking)

- ☐ All the details in the form are complete
- ☐ Bank slip of application fee (Ksh. 1500)
- ☐ Three recent coloured passport size photograph ID Size
- ☐ All Academic & Professional Certificates(A level or O level Certificate or Transcript is a Must)

For official use only:

- ☐ All the details in the form are complete
- ☐ Bank slip of application fee (Ksh. 1500)
- ☐ Three recent coloured passport size photograph
- ☐ All Academic & Professional Certificates(A level or O level Certificate or Transcript)