

OFFICE OF THE REGISTRAR - ACADEMIC AFFAIRS

Tel: +254 020 5131400 P.O. Box 861 - 20500

E-mail: srecords@mmarau.ac.ke NAROK

KARIUKI JUSTICE GITHUKA

P.O Box 120-20300

NYAHURURU

Tel: 0702304086/719879802

Dear Kariuki,

RE: ADMISSION TO THE UNIVERSITY FOR THE ACADEMIC YEAR 2021/2022

I am pleased to inform you that you have been offered a place in Maasai Mara University at the SCHOOL OF PURE, APPLIED AND HEALTH SCIENCES to pursue a course leading to the DEGREE OF BACHELOR OF SCIENCE COMPUTER SCIENCE. The programme commences on Wednesday, 5th January 2022. Note that should there be need to refund fees, request to do so must be received within four (4) weeks of the commencement of the programme.

This offer is made on the basis of the statement of your qualifications as presented by the Kenya National Examination Council and is subject to verification by the University authorities at the time of registration. It is also subject to your acceptance to pay the required fees and your agreement to adhere to the Rules and Regulations Governing the Conduct and Discipline of Students of Maasai Mara University. Please note that at the time of registration, you will be required to produce this **admission letter** and originals and copies of the following documents: **KCSE result slip or certificate**, **school leaving certificate and national ID or birth certificate**.

All fees should be banked directly to any of the following University accounts: **Account Numbers 0360293859386** of Equity Bank and **01129337192601** of Co-operative Bank, Narok Branch or any other branches of these banks country-wide. Please note that the University does not accept cash, personal cheques or money orders.

Kenyan students are advised to apply for a loan from the Higher Education Loans Board (HELB). The application form should be filled online through the Board's website - http://www.helb.co.ke.

Enclosed, please find the student information booklet containing joining instructions and the following admission forms which should be dully filled and scanned copies together with KCSE certificate/result slip and national ID/birth certificate sent to srecords@mmarau.ac.ke by 15th November 2021. Original copies must be presented on the reporting date.

(i) MMU/RAA/F022 - Acceptance/Non acceptance/Deferment form

(ii) MMU/RAA/F05 - Student Personal Details

(iii) MMU/RAA/F07 - New Students Medical Examination Form (iv) MMU/RAA/F08 - Medical Emergency Operation Consent Form

(v) MMU/RAA/F010 - Code of Good Conduct Form

Your assigned email address is kariuki14069@student.mmarau.ac.ke and the password is your Index Number. Go to http://www.gmail.com to access your email.

May I take this opportunity to congratulate you on your admission to this University and wish you success in your academic pursuit.

Please note that: due to the prevailing situation on COVID-19, the reporting date could change if the Government directive on re-opening of Learning Institutions says otherwise. The University would communicate to you appropriately in case such a change occurs.

Yours Sincerely,

Dr. Otieno, Fredrick Onyango

REGISTRAR, ACADEMIC AFFAIRS

Encls



STUDENT INFORMATION BOOKLET

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1. Fees Structure

Acceptance / Non Acceptance/Deferment Form - MMU/RAA/F22
 Student's Personal Details Form - MMU/RAA/F05

4. New Students Medical Examination Form - MMU/RAA/F07

5. Medical Emergency Operation Consent Form - MMU/RAA/F08

6. Code of Good Conduct Form - MMU/RAA/F10

I. BRIEF HISTORY ON MAASAI MARA UNIVERSITY

Maasai Mara University which was formerly Narok University College (NUC) was established by the government of Kenya through the Legal Order No. 101 of July, 2008 as a constituent college of Moi University. It started as a campus of Moi University in February 2007 before its elevation of Narok University College. It was awarded its charter on 12th February 2013 and became a fully pledged University thus the name Maasai Mara University.

II. TRAVELLING TO MAASAI MARA UNIVERSITY

Maasai Mara University's main campus is located approximately 2 km from Narok town along Narok-Bomet road. The University is served by town service matatus or taxis which operate from town to the University gate. The main campus admits both Government Sponsored and Privately Sponsored students. Please refer to the map on page 4 for directions to the main campus.

III. ARRIVAL AND REGISTRATION

Students are expected to arrive at the university between 8.am and 5.00 pm on the opening day for registration. Any student arriving after 5.00 pm will not be registered and will therefore not be given accommodation until the following day.

IV. IMMIGRATION

All students who are not citizens of East Africa must possess **VALID PASSPORTS BEFORE** arriving in Kenya and will be required to present them before registration at the University. Temporary travel documents are not acceptable to the Immigration authority in Kenya. In Addition, all non- citizens must obtain re-entry permits from their own territorial Immigration departments to cover the duration of the courses and must bring their passport with them when they come to register at the University.

V. ADMISSION FORMS

All students are required to complete the following Joining Instruction forms. Form should be dully filled and scanned copies sent to srecords@mmarau.ac.ke by 31st July 2017 and the originals must be presented to the University on the reporting date. While sending your scanned documents the subject should be your admission number.

- MMU/RAA/F 22 Acceptance, Non- acceptance and Deferment form
 MMU/RAA/F 05 Student Personal Details forms (Quadruplicate)
- 3. MMU/RAA/F 07 New Students Medical Examination Form

(Make a copy of the form after it's signed by Examining doctor)

- 4. MMU/RAA/F 08 Medical Emergency Operation Consent Form
- 5. MMU/RAA/F 010 Code of Good Conduct Form

N/b- You are required to attach passport size photos to the forms as indicated.

VI. MEDICAL EXAMINAITON

Admission into the University is subject to receipt of satisfactory Medical report. Students are therefore required to undergo medical examination by a recognized medical practitioner before reporting to the University using form MMU/RAA/F07.

VII. MEDICAL ATTENTION AT THE UNIVERSITY

The University has a health clinic on campus which is open to all students while on session. Students' are required to pay a non-refundable compulsory medical fee of Kshs. 3000 per academic year, to enable them benefit from out-patient treatment at the University. However, the University <u>does not</u> provide dental and optical treatment and inpatient services. Any student requiring these services shall be referred to the nearest District Hospital whereby the student shall be expected to meet the cost of treatment.

Parents or guardians are expected to sign the medical consent form MMU/RAA/F08 for emergency operation(s)

VIII. FEES AND LIVING EXPENSES

a) Fees

Students are required to pay both accommodation and semester fee by 31st July 2017. Tuition and administrative fees should be banked directly to any of the following University accounts: Account Numbers 0360293859386 of Equity Bank and 01129337192601 of Co-operative Bank, Narok Branch or any other branches of these banks country-wide. Accommodation fees should be banked separately to either of the following bank accounts: Equity Bank, Narok Branch Account Number 0360293859409 or Cooperative Bank, Narok Branch Account Number 01129337192602. Please note that the University does not accept cash, personal cheques or money orders. No student will be registered before paying the fees as required. (The fee structure is attached). All payments must be made in the University accounts indicated in the fees structure and the pay in slips presented to the Student Finance for issuance of a University official receipt.

All non- Kenyans must produce evidence of adequate financial support before coming to the University. The evidence must be in the form of a letter from the sponsoring guaranteeing adequate financial support for the entire duration of the course.

b) Living Expenses

Students residing in the hostels are expected to cater for their own meals. The University provides food in the cafeteria at subsidized rates. Students are therefore advised to have with them enough money to cater for their meals personal expenses and writing materials. Students are also expected to have with them pocket money for their personal expenses such as clothing.

IX. BURSARY AND LOANS

Kenyan Students who are registered for undergraduate programmes are encouraged to apply for Loans and Bursaries from the Higher Education Loans Board (HELB). You are encouraged to visit the HELB website www.helb.co.ke for more information on the financial aid.

X. ACCOMMODATION AND MEALS

a) Accommodation

The University provides accommodation on campus to government sponsored students. However due to limited facilities, bed space is allocated on first come first served basis. Students residing in the hostel are issued with a bed and mattress. Students are therefore expected to bring with them blankets, sheets, pillows and washing basin. All resident students are expected to adhere to the terms and conditions of occupancy which will be provided on the reporting date. The Accommodation fee is indicated in the fee structure attached.

Due to limited space on campus, Privately Sponsored students are advised to seek alternative accommodation facilities outside the University.

b) Meals

Students residing in the hostels are expected to cater for their own meals. The University has a Cafeteria Service which is operated on Pay-As-Eat System at subsidized rates. Students are therefore advised to have with them enough money to cater for their meals.

XI. GAMES AND SPORTS

Extra- curricular activities are essential for total human mental and physical development. These activities provide relaxation to the stressed, frazzled and exhausted mind thus afford appropriate outlet for releasing pressure. The University encourages all students to participate in at least one game and one sport. The University offers a wide range of sporting activities including soccer, hockey, basketball, volleyball, handball, tennis, table tennis, badminton, tae kwondo, karate, athletics, swimming, netball, chess, scrabble, darts and rugby. Students participate in these sports both at recreational and competitive levels. The University organizes for students to participate in inter- University championships, locally, regionally and internationally. In order to participate actively, students are advised to come with **their own training kit and appropriate playing equipment for games and sports of their choice**. These include uniforms, boots, hockey sticks, racquet or bats, tracksuits, swimming costumes and ghee suits. The University has **an "Official competition kit"** which will be provided **ONLY during Competitions.** Other basic items for training such as balls will be provided for training and practice of the respective teams.

XII. CONDITIONS FOR REGISTRATION

Please take note that **NO** student will be registered without producing the following:

- a) The Original and copy of the Admission letter.
- b) Original and copy KCSE Certificate/result slip.
- c) Original and copy of National Identity card or Birth Certificate for those who are below 18 year old.
- d) Admission forms indicated in section IV of this
- e) Receipts for requisite fees.

N/B The original documents will be returned to the students after verification of their authenticity.

XIII DEFERMENT OF STUDENTS

Any student who is unable to report for one reason or another should complete the acceptance/non-acceptance/deferment form (MMU/) and submit it to the Registrar, Academic Affairs at least one week prior to the opening date. A student who does not submit the form will be deemed to have forfeited his/her admission to the University. Take note that deferments are allowed for a maximum of four (4) academic years.

XIV INTER/INTRA SCHOOL TRANSFERS

Inter/intra school transfers will be processed within the first three weeks of the semester. A student who wishes to transfer will be required to fill and submit the inter/intra school transfer form and attach a copy of the KCSE result slip. All applications will be considered by the Deans Committee based on the qualifications for the course and the availability of space in the particular course. Students whose applications are successful will be notified through a memo and will also be issued with letters indicating their new admission numbers.

XV NOMINAL ROLL

The nominal roll is a record of all students registered in each programme every semester. It provides important information on every student and also helps in tracking the progress of the student from one semester to another. Each student is required to sign the nominal at the beginning of the semester after paying the required fees for the semester as per the university policy. Students who fail to sign the nominal roll by the third week of every semester will be required to defer their studies.

XVI STUDENT IDENTITY CARDS

Every duly registered student is issued with a student identity card bearing the photo and details of the student. The

identity cards allow easy identification of students and gives them access to various service points e.g. the library and heath unit. Each student must therefore have with them their student identity card at all times. Any student who loses his/her card will be required to report the loss at a police station and obtain an abstract. The student will also be required to report the loss at the Student Affairs office. After that the student will report to the ICT department for a replacement of the card after paying the relevant fee.

XII RULES AND REGULATIONS GOVERNING THE CONDUCT AND DISCIPLINE OF STUDENTS OF MAASAI MARA UNIVERSTITY

Students are required to observe regulations governing the conduct and discipline of students while in the university. You will be issued with a booklet containing the rules and regulations governing students affairs upon registration.

HOW TO REACH MAASAI MARA UNIVERSITY Reserve Eldoret Kerio Valley National Park Molo Nakuru Nanyuki Milo Nanyu



OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

ACCEPTANCE / NON ACCEPTANCE/DEFERMENT FORM

ne	(Surname	Middle Name	First Name)
gistration No		ID/Birth Cert. No	
h reference to	your letter offering me a	place in the School of	
he course lead	ding to the award of Cert	ificate/Diploma/Degree	
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Date _____

Signature _____



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MAASAI MARA UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

STUDENT'S PERSONAL DETAILS FORM

Information provided in this form is intended to assist the Office of the Registrar Academic to understand the student better. It will be used for the purposes of improving the student's welfare while at the University. (To be completed in quadruple (4copies) and in capital letters. Attach a coloured passport size photograph on each form.

1.	Name			
	(Surname	Middle Name	First Name)	
2.	University Registration Number			
3.	National Identity Registration No. (ID)	Date of Birt	h	
4.	Religion			
5.	Nationality			
6.	Home Contact Address			
7.	Telephone Number:	Email Address		
8.	a) Marital Status			
	b) Name and Address of spouse (if married)			
	c) Occupation of Spouse			
	d) Number of Children			
9.	a) Full name of father			
	b) Contact Address	Telephone No		
10.	a) Full name of mother		(Alive /Deceased)	
	b) Contact Address	Telephone No		
11.	Full name of guardian, where applicable			
	Contact Address	Telephone No		
12. O	ccupation of father			
) Occupation of mother			
c	Occupation of spouse, if married			
d)	Occupation of guardian, where applicable			
12. Nu	mber of brothers and sisters			

Name of chief	13. Place of birth	Location	
14. Place of Permanent Residence: Village/Town Nearest Town Location Name of Chief sub-county Constituency County Nearest Police Station 15. Give names and addresses of two persons who can be contacted in case of an emergency. a) Name Relationship Address & Tel. No. b) Name Relationship Address & Tel. No. 16. Name and address of Secondary School(s) attended Year completed 17. KCSE Results (Subjects and Grades) 18. Any other institutions attended and qualifications attained: 19. Games / Sports: Which games are you interested in? 20. Clubs, Societies and hobbies. Which clubs, societies and hobbies are you interested in? 21. Do you suffer from any physical impairment? If so give details 22. Please give any other information you think is useful to the University I certify that the information I have provided is correct	Name of chief	Sub-county	
Nearest Town Location	County		
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b) Name	a) Name	Relationship	
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I certify that the information I have provided is correct	21. Do you surrer from any physica.	i impairment? It so give details	
	22. Please give any other information	on you think is useful to the University	
Signature Date	I certify that the information I have	provided is correct	
	Signature	Date	



Affix a passport size photo here the back.

MAASAI MARA UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

STUDENT'S PERSONAL DETAILS FORM

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1.	Name		
	(Surname	Middle Name	First Name)
2.	University Registration Number		
3.	National Identity Registration No. (ID)	Date of Birth	1
4.	Religion		
5.	Nationality		
6.	Home Contact Address		
7.	Telephone Number:	Email Address	
8.	a) Marital Status		
	b) Name and Address of spouse (if married)		
	c) Occupation of Spouse		
	d) Number of Children		
9.	a) Full name of father	(Aliv	ve/Deceased)
	b) Contact Address	Telephone No	
10.	a) Full name of mother	((Alive /Deceased)
	b) Contact Address	Telephone No	
11.	Full name of guardian, where applicable		
	Contact Address	Telephone No	
12. O	ccupation of father		·
	Occupation of mother		
c)	Occupation of spouse, if married		
d)	Occupation of guardian, where applicable		
12. Nu	mber of brothers and sisters		

13. Place of birth	Location	
Name of chief	Sub-county	
County		
14. Place of Permanent Residence	e: Village/Town	
Nearest Town	Location	
Name of Chief	sub-county	
Constituency	County	
Nearest Police Station		
15. Give names and addresses of t	two persons who can be contacted in case of an emergency.	
a) Name	Relationship	
b) Name	Relationship	
Address & Tel. No		
16. Name and address of Seconda	ary School(s) attended	
Year completed		
17. KCSE Results (Subjects and Control of Co	Grades)	
18. Any other institutions attended	d and qualifications attained:	
19. Games / Sports: Which games	s are you interested in?	
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	1	
22. Please give any other informat	tion you think is useful to the University	
I certify that the information I hav	/e provided is correct	
Signature	Date	



Affix a passport size photo here using glue and write your name at the back.

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4.	Religion		
5.	Nationality		
6.	Home Contact Address		
7.	Telephone Number:	Email Address	
8.	a) Marital Status		
	b) Name and Address of spouse (if married)		
	c) Occupation of Spouse		
	d) Number of Children		
9.	a) Full name of father		(Alive/Deceased)
	b) Contact Address	Telephone	No
10.	a) Full name of mother		(Alive /Deceased)
	b) Contact Address	Telephone	No
11.	Full name of guardian, where applicable		
	Contact Address	Telephone No)
12. O	ccupation of father		
b) Occupation of mother		
	Occupation of spouse, if married		
d)	Occupation of guardian, where applicable		
2. Nu	mber of brothers and sisters		

12.

13. Place of birth	Location	
Name of chief	Sub-county	
County		
14. Place of Permanent Residence	: Village/Town	
Nearest Town	Location	
Name of Chief	sub-county	
Constituency	County	
Nearest Police Station		
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a) Name	Relationship	
Address & Tel. No		
b) Name	Relationship	
Address & Tel. No		
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Year completed		
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18. Any other institutions attended	l and qualifications attained:	
19. Games / Sports: Which games	are you interested in?	
20. Clubs, Societies and hobbies. V	Which clubs, societies and hobbies are you interested in?	
21. Do you suffer from any physic	cal impairment? If so give details	
22. Please give any other informat	tion you think is useful to the University	
I certify that the information I have	e provided is correct	
Signature	Date	



Affix a passport
size photo here

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2.	University Registration Number		
3.	National Identity Registration No. (ID)	Date of E	Birth
4.	Religion		
5.	Nationality		
6.	Home Contact Address		
7.	Telephone Number:	Email Address_	
8.	a) Marital Status		
	b) Name and Address of spouse (if married)		
	c) Occupation of Spouse		
	d) Number of Children		
9.	a) Full name of father	(Alive/Deceased)
	b) Contact Address	Telephone N	lo
10.	a) Full name of mother		(Alive /Deceased)
	b) Contact Address	Telephone N	lo
11.	Full name of guardian, where applicable		
	Contact Address	Telephone No.	
12. O	occupation of father		
b	Occupation of mother		
c	Occupation of spouse, if married		
d)	Occupation of guardian, where applicable		

12. Number of brothers and sisters	
13. Place of birth	Location
Name of chief	Sub-county
County	
14. Place of Permanent Residence:	Village/Town
Nearest Town	Location
Name of Chief	sub-county
Constituency	County
Nearest Police Station	
15. Give names and addresses of tv	o persons who can be contacted in case of an emergency.
a) Name	Relationship
Address & Tel. No	
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16. Name and address of Secondar	y School(s) attended
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17. KCSE Results (Subjects and G	rades)
18. Any other institutions attended	and qualifications attained:
19. Games / Sports: Which games a	are you interested in?
20. Clubs, Societies and hobbies. V	Thich clubs, societies and hobbies are you interested in?
	1
21. Do you suffer from any physica	I impairment? If so give details
22. Please give any other informati	on you think is useful to the University
I certify that the information I have	provided is correct
Signature	Date



Affix a passport size photo here

MAASAI MARA

UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

STUDENT'S PERSONAL DETAILS FORM

Information provided in this form is intended to assist the Office of the Registrar Academic to understand the student better. It will be used for the purposes of improving the student's welfare while at the University. (To be completed in quadruple (4copies) and in **capital letters.** Attach a coloured passport size photograph on each form.

1.	Name		
	(Surname	Middle Name	First Name)
2.	University Registration Number		
3.	National Identity Registration No. (ID)	Date of Birth	l
4.	Religion		
5.	Nationality		
6.	Home Contact Address		
7.	Telephone Number:	Email Address	
8.	a) Marital Status		
	b) Name and Address of spouse (if married) _		
	c) Occupation of Spouse		
	d) Number of Children		
9.	a) Full name of father	(Aliv	e/Deceased)
	b) Contact Address	Telephone No	
10.	a) Full name of mother	(Alive /Deceased)
	b) Contact Address	Telephone No	
11.	Full name of guardian, where applicable		
	Contact Address	Telephone No	
12. O	ccupation of father		
b) Occupation of mother		
c	Occupation of spouse, if married		
d)	Occupation of guardian, where applicable		
12. Nu	mber of brothers and sisters		

13. Place of birth	Location	
Name of chief	Sub-county	
County		
14. Place of Permanent Residence: '	Village/Town	
Nearest Town	Location	
Name of Chief	sub-county	
Constituency	County	
Nearest Police Station		
15. Give names and addresses of tw	vo persons who can be contacted in case of an emergency.	
a) Name	Relationship	
b) Name	Relationship	
Address & Tel. No		
16. Name and address of Secondary	y School(s) attended	
Year completed		
17. KCSE Results (Subjects and Gr	rades)	
18. Any other institutions attended a	and qualifications attained:	
19. Games / Sports: Which games a	are you interested in?	
20. Clubs, Societies and hobbies. W	Which clubs, societies and hobbies are you interested in?	
21. Do you suffer from any physica	ıl impairment? If so give details	
22. Please give any other information	on you think is useful to the University	
I certify that the information I have	provided is correct	
Signature	Date	



Fix a Passport size photo here

MAASAI MARA

UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

NEW STUDENTS MEDICAL EXAMINATION FORM

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 forwarded to the Medical Officer Massai Mara University, P.O. Box 861-20500, **NAROK**

Name	(Surname Middle Registration No:	School		<i>'</i>
Registration No: School	Registration No:	School		<i>'</i>
Nationality Gender: Male Female				
Nationality Gender: Male Female	Date and Place of Birth			
Marital Status				
Name, Address and Telephone Number of Parent/ Guardian/ Next of kin (a) Have you ever been admitted into any hospital? If so, state reason for admission and date (b) Have you had any of the following illnesses? (Tick as appropriate) Tuberculosis or other chest infection? Yes/No Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	Nationality	Gender:	Male	Female
(a) Have you ever been admitted into any hospital? If so, state reason for admission and date (b) Have you had any of the following illnesses? (Tick as appropriate) Tuberculosis or other chest infection? Yes/No Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	Marital Status			
If so, state reason for admission and date (b) Have you had any of the following illnesses? (Tick as appropriate) Tuberculosis or other chest infection? Yes/No Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	Name, Address and Telephone Number of Parent	t/ Guardian/	Next of kin	
If so, state reason for admission and date (b) Have you had any of the following illnesses? (Tick as appropriate) Tuberculosis or other chest infection? Yes/No Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No				
If so, state reason for admission and date (b) Have you had any of the following illnesses? (Tick as appropriate) Tuberculosis or other chest infection? Yes/No Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	Have you ever been admitted into any hospital	 ?		
(b) Have you had any of the following illnesses? (Tick as appropriate) Tuberculosis or other chest infection? Yes/No Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	•	•		
Tuberculosis or other chest infection? Yes/No Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	ii so, state reason for admission and date			
Tuberculosis or other chest infection? Yes/No Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No				
Fits, Nervous disease or fainting attacks Yes/No Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	Have you had any of the following illnesses? (7	 Γick as appro	opriate)	
Heart Disease or Rheumatic Fever Yes/No Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	Tuberculosis or other chest infection?		Yes/No	
Any Disease of the Digestive system Yes/No Allergies to food or drugs Yes/No Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	Fits, Nervous disease or fainting attacks		Yes/No	
Allergies to food or drugs	Heart Disease or Rheumatic Fever		Yes/No	
Malaria Yes/No Sexually Transmitted diseases Yes/No Poliomyelitis Yes/No	Any Disease of the Digestive system		Yes/No	
Sexually Transmitted diseases	Allergies to food or drugs		Yes/No	
Sexually Transmitted diseases	Malaria		Yes/No	
Poliomyelitis	Sexually Transmitted diseases		Yes/No	
•	•			
	•			

	Pleas	se give part	iculars					
c`	Has any	members o	f your famil	y suffered from:				
,	i.		•	•••••		Yes/	No	
	ii.							
	iii.							
	iv.							
ď				nst any of the follow			NO	
u	i.		_		-		Io/Data	
	••							
	11. 							
	111.	Poliomyel	11t18		•••••	Y es/f	No/Date	
	Signature	of Student _			D	Oate		
1	Please note	e that a pr	egnancy tes	t will be done on	female st	udents upon	reporting for	studies at
the	Universi	ity						
PAR	T II (To b	e complete	d by the Ex	amining Medical (Officer)			
		-	•	G				
				Weight				
b	<i>'</i>	L ACTIVIT	Υ:					
	With GI	-	Rk. 6	Ι 6				
	With Gl		R. 6	L. 6				
	With Or	45505	κ. σ	L. O				
c)) Hearing	Rig	ght Ear	Left Ear				
ď) Condition	ons of:						
	,	Γeeth						
		Ears						
		Nose						
	iv) 7	Γhroat						
	v) I	Lymphatic g	glands					
e)) Circulati	ion System:						
	i. F	Pulse						
	ii. I	Heart						
	iii. I	Blood pressi	ure Systolic	c	D	iastolic		_
f)	Respirat	ory System						
-/	•	• •		nical findings)				
g) Abdome			- Physiological or F	•			
								_
		Uterus				L.M.P		_

Is there any other-relevant details of your medical history not covered by the above questions?

	tment? ortance Date	
Name of Medical Officer Signature	Date	
Signature	Date	
Official Stamp		
ART III		
o be completed by Maasai Mara Une University)	niversity Medical Docto	or, after the student has registered v
ecial Remarks		
the student fit for University Educa	ation?	Yes/No
te		
iversity Medical Officer		
	(Name)	
gnature		
ficial Rubber stamp		
	University) ecial Remarks he student fit for University Educate iversity Medical Officer	te



OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

MEDICAL EM	IERGENCY OPERATION CONSENT FORM
Name of Student	Student Admission No
Course admitted for	
	lian (s) is required for the Vice-Chancellor of the University to give mergency operation needs to be carried out on you should a situation
Parent (s) / guardian (s) / Next of kin	n are required to complete the consent form below:
FORM OF CONSENT	
I agree that the Vice-Chancellor of	Maasai Mara University can consent to an emergency operation of (insert name) who is m
	(state relationship) if it has proved impossible to contact me or
time.	
Full Names:	
Signature:	
Address:	_
Date:	



OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

CODE OF GOOD CONDUCT FORM

I	
National ID NO Stud	dent Admission No:
Do hereby declare that I will abide by the Rules students at Maasai Mara University.	and Regulations governing the conduct and discipline of
Signature of candidate:	
DATE:	
AND WITNESSED IN THE PRESENCE OF:	
Parent/Guardian:	
Name:	
Relationship:	
National Identity Card No:	
Telephone Number:	
Signature(s):	
Date:	



MAASAI MARA UNIVERSITY FEE STRUCTURE FOR GOVERNMENT SPONSORED STUDENTS

	YEAR 1		YEAR 2		YEAR 3		YEAR 4	
ITEMS	1st SEMESTER	2nd SEMESTER						
TUITION	8000	8000	8000	8000	8000	8000	8000	8000
REGISTRATION	100	-	100	-	100	-	100	-
ID CARD	250	-						
MEDICAL FEES	3000	-	3000	-	3000	-	3000	-
EXAM FEES	600	600	600	600	600	600	600	600
ICT FEES	2500	2500	2500	2500	2500	2500	2500	2500
SOMMU	600	-	600	-	600	-	600	-
EXTRA-CURRICULA ACTIVITIES FEES	1000	-	1000	-	1000	-	1000	
AMENITY	1000	-	1000	-	1000	-	1000	-
CAUTION (Refundable)	1000	-						
ACADEMIC ACTIVITY FEES	3000	-	3000	-	3000	-	3000	-
CUE FEES	1000	-	1000	-	1000	-	1000	-
KUCCPS FEES	1500	-	1500	-	1500	-	1500	-
TOTAL.	23550	11100	22300	11100	22300	11100	22300	11100

NOTES:

A) ACCOMMODATION - for residents only (optional)	Kshs 4,500 per semester
B) BUSHMANSHIP/FIELD COURSE (payable once) - for school of Tourism and Natural Resources Management students only	Kshs 13.000
b) both filliage do thou (payable once) 10. senor of fourth and rather resources management statents only	15.15 15,000
C) TEACHING PRACTICE - For Education Students only	Kshs 12,000
D) ATTACHMENT	Kshs 8,000

Payment of fees
Tuition and Administrative fees:
Equity Bank, Narok Branch, Account Number: 0360293859386 and Co-operative Bank, Narok Branch, Account Number 01129337192601

Accommodation fee Equity Bank, Narok Branch, Account Number: 0360293859409 and Co-operative Bank, Narok Branch, Account Number 01129337192602