

AFFIX CURRENT
PASSPORT
PHOTO HERE



TELEPHONE: 0706124127

P.O BOX 81-60500, MARSABIT

APPLICATION FORM FOR SELF-SPONSORED UNDERGRADUATE

DIPLOMA___/CERTIFICATE___PROGRAMMES (tick as appropriate)

This form should be completed and returned to the REGISTRAR (ACADEMIC AFFAIRS), LINK COLLEGE on or before the closing date as advertised.

Sections A, B, C and D of this form should be completed in Block Letters.

Ensure that you attach the Following;

Certified copies of your Result Slip, Certificates and Transcripts. **Copy of your National ID card or Birth certificate and one colored passport photo.**

Post to Registrar Academic Affairs or scan and email to link@lifewaymi.org

SECTION A: PERSONAL DATA

Name:

.....

(Surname)

(Other names in full)

Date of Birth..... Sex..... Marital Status: Religion:
.....

Nationality		ID/PASSPORT No	
County		Phone No	
Sub-county		P.O. Box	
Constituency		Town	
Email Address		Postal Code	
Indicate Disability status (if any, attach a copy of disability card/medical form)			

SECTION B: ACADEMIC HISTORY

a) Secondary school (s) Attended	KCSE Index Number	Year	Grade	AGP
Other Relevant Qualifications				
b) INSTITUTION Attended	Year		Qualification/Award	

c) State any relevant academic/professional qualifications or experience.....

.....

SECTION C: CHOICE OF COURSES

Courses (s) for which you wish to be considered for admission:

State whether you are applying for Diploma/ Certificate : _____			
Write below, the title of the courses you are applying for;	Mode of study		
1 ST choice			
2 nd choice			
Intake (January, May, September)			

Have you ever been admitted to LINK COLLEGE previously (YES/NO)? _____

If YES, indicate the previous Registration number.....

Give reasons for applying afresh.....

Indicate how you intend to finance your studies.....

SECTION D: DECLARATION

I certify that the information given in this application is correct to the best of my knowledge.

Sign.....
Date.....

Name of Employer (if any)
.....
.....

Recommendation.....
Sign.....

FOR OFFICIAL USE ONLY

Recommendation of the Head of Department (Recommended ___ Not Recommended ____)

Comments.....
.....

Sign.....Date.....
.....

Official stamp

Recommendation of the Deans committee/Registrar (AA) (Recommended__ Not Recommended__)

Comments.....
.....

Sign.....

Date

Official stamp