



UNIVERSITY OF EMBU

NEW STUDENT REGISTRATION FORM

NOTE;

This form must be submitted to admissions office at the end of the registration exercise

SEMESTER/SESSION **ACADEMIC YEAR** **DATE**

STUDENT'S DETAILS

Name Reg. No Tel. No
 E-mail School Degree

A. PRESENTATION AND VERIFICATION OF DOCUMENTS

Original Letter of Admission
 Original & Copy of KCSE/Diplomas/Degree Certificates or Results Slip
 Original & Copy of National ID Card or Birth Certificate
 Name of Verifying Admission Officer
 Signature Date and Stamp

B. FINANCIAL OBLIGATIONS (PAYMENT OF TUITION & ACCOMMODATION FEES)

Name of Bank Bank Slip No
 Amount paid (KShs): Fees Accommodation
 Name of Verifying Admission Officer
 Signature Date and Stamp

C. RECEIPT AND VERIFICATION OF MEDICAL FORMS

Name of Verifying Medical Officer
 Date, Signature and Stamp

D. HOSTEL AND ROOM ALLOCATION

Hostel and Room Allocated
 Name of Allocating Officer
 Signature Date and Stamp

E. SIGNING OF NOMINAL ROLL

Name of the Officer in Charge
 Signature Date Stamp

F. ISSUANCE AND RECEIPT OF STUDENT IDENTITY CARD

Name of Processing and Issuing Officer
 Signature Date and Stamp

Acknowledgement of ID Receipt by Student

Name Signature Date