REVISION 3 UoEm-F-ADMS-001



Affix one of your current passport size photographs here

UNIVERSITY OF EMBU

APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE STUDIES (SELF-SPONSORED STUDENTS)

Details of courses offered and their entry requirements can be obtained on http://www.embuni.ac.ke

NOTE;

- 1. The form should be typed or completed and copies returned to the Deputy Vice-Chancellor (Academics, Research and Extension), P.O. Box 6 60100 Embu.
- 2. The following should be attached to the application form; (a) original copy of the fee deposit slip for the payment of a non-refundable application fee of Kshs 2,000 (Degree), KShs 1,000 (Diploma), KShs 500 (Certificate) and KShs 300 (Short course) for East Africans and USD 50 (Degree), USD 25 (Diploma), USD 15 (Certificate) and USD 10 (Short course) or its equivalent for Non East Africans; (b) copies of Result Slips/ or Certificates; (c) copy of National Identity Card/ Birth Certificate, and (d) two good quality passport photographs.

SECTION A - Course Application Details

1.	Name of Certificat	Name of Certificate/Diploma/Degree course applied for									
	you are not selected	d for the program	me applied for, indicat like to be considered fo	te below, in order of preference, the							
2.	Date of commenc	ement	Semester	Academic year							
3.	Department		School of	School of							
Fu	Mode of study (Ti II time Ever	ning We	<u> </u>	earning Institutional Based							
1.	Names (in full)	(Surname)	(First Name)	(Others)							
Ро	stal Address	•	•	Town/City							
Constituency Count			ounty	Country							
Telephone E-N			-Mail								
Da	ate of Birth		Gender:								





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Marital Status			Nationality	nalityReligion				
Nationa	al Identity	Card No.		1	Passport No)		
2. Nam	ne of Next	of Kin		R	Relationship			
Address			Postal Code		Town/City		Country	
Telepho	one		Е	-Mail				
3. Emei	rgency Co	entact (Name	e, if different fron	n the ab	oove)			
Address			Postal Code		Town/City		Country	
Telepho	one				E-Mail			
4. Do y	ou have a	any form of	disability? YES/NO)				
If yes, i	ndicate th	e nature of o	disability					
<u>SECTIO</u>	<u> N C – Ins</u>	titutions Att	ended by the App	olicant a	and the Qua	alifications	<u>Obtained</u>	
List all i	institution	s attended a	nd the qualification	on obta	ined starting	g with the	latest:	
Instituti	ons Atten	ded	From: (Month and Year	r)	To: (Month and Year)		Qualification Obtained	
i) Academic			(Month and Tear)		(**************************************	<u></u>		
ii) Professional								
Please a	attach cop	oies of certific	cates and academ	ic trans	cripts			
	-	•	ctical/Work Expe	<u>rience (</u>	Where app	<u>licable)</u>		
From	ur work experience To Employ		er	Design	Designation N		Nature of Assignment	
SECTIO	N E – App	plicant's Dec	<u>claration</u>				_	
			n given herein is t tion found to be f				of my knowledge and fully disqualification.	
Applica	nt's Full N	Names				ID/Pass	port No	
DateApplicant's Signature								

