



KAIMOSI FRIENDS UNIVERSITY COLLEGE (KAFUCO)

(A Constituent College of Masinde Muliro University of Science and Technology)

APPLICATION FORM FOR ADMISSION TO BACHELORS DEGREE PROGRAMMES (UNDERGRADUATE)

NOTE:

- i) That the completed form should be submitted to the Registrar (Academic Affairs, Kaimosi Friends University College, P O Box 385 - 50309, KAIMOSI.
- ii) That all applicants must attach copies of their result slips certificates/transcripts and original receipt of application fee (Kshs. 1,000/-) payment to **Co-operative Bank – Mbale Branch, Account Name KAFUCO, A/C No. 0112 969 847 7700.**

SECTION A: Course Application Details (Tick/Complete appropriately)

NAME OF PROGRAMME		
SUBJECT COMBINATION (for education students)	i)	ii)
MODE OF STUDY	<input type="checkbox"/> Full time <input type="checkbox"/> School Based <input type="checkbox"/> Evening <input type="checkbox"/> Part-time <input type="checkbox"/> Distance Learning <input type="checkbox"/> Upgrading <input type="checkbox"/> Institution Based <input type="checkbox"/> Direct Entry	

SECTION B: Applicants Personal Details

- i) Name:
(Surname) (First Name) (Other Names)
- ii) Postal Address:
Postal Code..... City/Town.....County.....
Mobile.....Fax.....E-mail.....
- iii) Date of Birth (DD/MM/YYYY).....Gender.....
Marital Status.....Nationality.....Religion.....
National I.D.....Passport No.....
- iv) Name of Next of Kin.....Relationship.....
Postal Address.....
Postal Code.....City/Town.....Country.....
Telephone.....Fax.....E-mail.....
- v) Emergency Contact.....
Postal Address.....
Postal Code.....City/Town.....Country.....
Telephone.....Fax.....E-mail.....

SECTION C: Applicant's Education Background

Please list colleges/schools you have attended (start with the highest)

POST SECONDARY & SECONDARY SCH ATTENDED	FROM (YEAR)	TO (YEAR)	AREA OF STUDY	QUALIFICATION ATTAINED	INDEX NO. EXAM REG NO

PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS

SECTION D: Applicant's Working Experience

JOB TITLE	EMPLOYER	FROM	TO

SECTION E: Applicant's Declaration

Please indicate by ticking (✓) how you intend to finance your study

- Through:
- (i) Parent _____ { }
 - (ii) Self _____ { }
 - (iii) Sponsor _____ { }
 - (iv) Other (please specify) _____ { }

I declare that all statements on this application form and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any other offer of a place and this withdrawal may take place at any stage during the course of study.

Signature of Applicant _____ Date _____

SECTION F: Evaluation

FOR OFFICIAL USE	
Admission recommended: _____	Admission not recommended _____
Degree Programme: _____	
Comment: _____	

SIGNATURE: _____	
DEAN OF SCHOOL/FACULTY	DATE