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OFFICE OF THE REGISTRAR
(ACADEMIC AFFAIRS)

APPLICATION FORM FOR SELF-SPONSORED / IN-SERVICE UNDERGRADUATE DEGREE OR /
SELF-SPONSORED / REGULAR DIPLOMA PROGRAMMES (tick as appropriate)

NOTES:

- This form should be completed and returned to the **REGISTRAR (ACADEMIC AFFAIRS), EGERTON UNIVERSITY, P. O. BOX 536-20115, EGERTON**, 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.
- ORIGINAL RECEIPT** (Application Fee): **Kshs.2,000 for ALL Degree Programmes** and **Kshs.1,000 for all Undergraduate Diploma Programmes**: Payable to; Account Name; **Egerton University, Kenya Commercial Bank; Account No: 1101906812**
- Copy of your National ID Card or Birth Certificate.

SECTION A: PERSONAL DATA

Name: _____
(Surname) (Other names in full)

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

Nationality		ID/Passport No.	
County		Phone No.	
Constituency		P. O. Box	
District		Town	
Email address		Postal Code	

SECTION B: ACADEMIC HISTORY

a) Secondary School Attended	Year	Grade
Other Relevant Qualifications		
b) Institution Attended	Year	Qualification/Award

- State any relevant academic/professional qualifications or experience

SECTION C: CHOICE OF COURSES

State the course(s) for which you wish to be considered for admission.

State whether you are applying for Degree/Diploma: _____		
Write below, the title of the Course(s) you are applying for:	Mode of Study (Self-Sponsored/Inservice/Regular)	Fulltime/ Part-time
First:		
Second:		
Preferred Campus (Njoro, Nakuru Town, Baringo, Nairobi City): _____		

- a) Have you ever been admitted to Egerton University 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 form is correct to the best of my knowledge

Sign: _____ **Date:** _____

- b) **Name of Employer (if any)** _____
Recommendation: _____
Designation: _____ **Sign:** _____
Official Stamp

SECTION E: FOR OFFICIAL USE ONLY

- a) Recommendation of the Head of Department (**Recommended/Not Recommended**)
Comments: _____
Sign: _____ **Date:** _____
Official Stamp
- b) Recommendation of the Dean of Faculty (**Recommended/Not Recommended**)
Comments: _____
Sign: _____ **Date:** _____
Official Stamp
- c) Recommendation of the Dean’s Committee (**Recommended/Not Recommended**)
Comments: _____
Sign: _____ **Date:** _____
Official Stamp
- d) Approval by Registrar (AA)
Sign: _____ **Date:** _____