



## Kaimosi Friends University (KAFU)

Office of the Registrar, Academic Affairs

0743-522152  
E-mail: registrar\_aa@kafu.ac.ke  
Website: www.kafu.ac.ke

P.O Box 385  
Kaimosi - 50309  
Kenya

### PRIVATELY SPONSORED STUDENTS PROGRAMME

#### APPLICATION FORM FOR ADMISSION TO DIPLOMA AND CERTIFICATE PROGRAMMES

#### NOTE:

- i) That the completed form should be submitted to the Registrar (Academic Affairs, Kaimosi Friends University, 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.500/-) payment to **Co-operative Bank – Mbale Branch 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"/> Evening	<input type="checkbox"/> ODeL

#### 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) \_\_\_\_\_

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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 any enquiries please contact:

Tel: 0773040235

Ema

**FOR OFFICIAL USE**

Admission recommended: \_\_\_\_\_ Admission not recommended \_\_\_\_\_

Programme: \_\_\_\_\_

Comment: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COD

DATE

SIGNATURE: \_\_\_\_\_

Registrar (AA)

DATE



*Kaimosi Friends University (KAFU) is ISO 9001:2015 certified*