



Kaimosi Friends University (KAFU)

Office of the Registrar, Academic Affairs

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P.O Box 385

Kaimosi - 50309
Kenya

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, P O Box 385 - 50309, KAIMOSI.
- ii) That all applicants must attach copies of their result slips certificates/transcripts and pay application fee of Kshs. 1,000 via Jiunge App (E-Citizen).

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"/> ODeL	<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) _____

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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 _____

FOR OFFICIAL USE

Admission recommended: _____ Admission not recommended _____

Degree Programme: _____

Comment: _____

SIGNATURE: _____

DEAN OF SCHOOL/FACULTY

DATE



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