



Affix one of your  
Current passport size  
Photograph here

APPLICATION REF. NO.....

APPL. FEE RECEIPT. NO.....

# SOUTH EASTERN KENYA UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)

## APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE PROGRAMMES (SELF-SPONSORED (MODULE II) STUDENTS)

(Two copies of this form should be completed and returned to/sent to the Registrar (Academic & Student Affairs).The form completed in Block letters. Attach two passport size photographs, copy of Result slip/ or Certificates and any other supporting documents).

### SECTION A: - Applicant's Personal Details

a. Name.....  
(Surname) (Other names full)

b. Postal Address.....Postal Code..... Town/City.....

Home: County..... District ..... Constituency .....

Telephone..... Fax..... E-Mail.....

c. Date of Birth (DD/MON./YYYY)..... Gender.....

Marital Status..... Nationality..... Religion.....

National I.D..... Passport No.....

d. Name of Next of Kin..... Relationship.....

Postal Address.....

Postal Code..... Town/City..... Country.....

Telephone..... Fax..... E-Mail.....

e. Emergence Contact.....

Postal Address.....

Postal Code..... Town/City..... Country.....

Telephone..... Fax..... E-Mail.....

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**SECTION B: - Course Application Details**

a. Name of Degree/Diploma/ Certificate course applied for ( List three in order of preference)

- 1. ....
- 2. ....
- 3. ....

b. Date of Commencement.....Semester/Term.....Academic year.....

c. Department (*Where Applicable*).....

d. School/Institute.....

e. Campus ( Rank the campuses where you prefer to study from in order of preference)

SEKU Main Campus   
  Kitui Town Campus   
  Machakos Town Campus   
  Wote Town Campus  
 Nairobi City Campus   
  Mtito-Andei Town Campus

**Note: The University does not guarantee accommodation in any of its campuses**

f. Mode of Study

Weekdays (8.00 am to 5.00 pm)   
  Evening (5.30 pm to 8.30 pm)   
  School/ Institution Based (April or August or December)

**SECTION C - Applicant’s Educational Background**

Please list all schools

Sec. & Post – Sec Schools	Address of School	From	To	Qualification Obtained	Index No./ Exam Reg. No

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

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## SECTION D- Applicant's Working Experience

FROM	TO	EMPLOYER	DESIGNATION	NATURE OF ASSIGNMENT

## SECTION E- Applicant's Working Referees

Give names and addresses of two referees.

- i. Name .....
- Postal Address.....
- Postal Code..... Town/City..... Country.....
- Telephone..... Fax..... E-Mail.....
- ii. Name.....
- Postal Address.....
- Postal Code..... Town/City..... Country.....
- Telephone..... Fax..... E-Mail.....

## SECTION F- Applicant's Declaration

I declare that the information herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicants Full Names..... ID/Passport No.....

Date..... Applicant's Signature.....

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**SECTION G - Evaluation (For Official Use Only)**

(i) Application form received:

Signed.....  
Registrar (Academic & Student Affairs)

Date and Stamp.....

(ii) Recommendation of Department: **ACCEPT**  **REJECT**

Signed .....

Date and Stamp.....

Chairman, Department of.....

(iii) Recommendation of School/Institute : **ACCEPT**  **REJECT**

Signed.....

Date and Stamp.....

Dean/Director, School/Institute of.....

(iv) Approval by Deans' Committee: **ACCEPT**  **REJECT**

Signed.....  
Chairman, Deans' Committee

Date and Stamp.....

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