



Serial No.

**KENYATTA UNIVERSITY  
OFFICE OF THE REGISTRAR (ACADEMIC)**

**APPLICATION FOR ADMISSION INTO KENYATTA UNIVERSITY  
UNDERGRADUATE PROGRAMMES**

**NOTES:**

- (i) This form should be typed or completed in **BLOCK LETTERS**, and returned to:  
**The Registrar (Academic), Kenyatta University, P.O. Box 43844, 00100 GPO, NAIROBI.**
- (ii) **Attach Copies of** (a) your current appointment letter (where applicable), (b) your professional and academic certificates and transcripts, (c) original receipt of payment for application form (d) National Identity Card
- (iii) Applicants from East Africa to pay a sum of Kshs. 2,000/- as application fee while those from outside East Africa pay Kshs. 4,000/-.
- (iv) Attach **four** one inch by one inch (1" x 1") photographs.

**SECTION A**

- 1) Name.....  
(Surname) (Other names in full)
- 2) Contact Address.....  
.....
- 3) Permanent Address.....  
.....
- Telephone No..... Mobile No.....
- Email .....
- Nearest Town.....
- 4) Date of Birth: Day.....Month.....Year.....
- 5) Citizenship.....
- 6) Identity Card No.....Passport No.....
- 7) Gender: Male  Female  Marital Status.....

**SECTION B**

8) (a) Name of Degree/Diploma/Certificate applied for .....

(b) Mode of study (Tick as appropriate)

i. **Full Time** Preferred Campus (To be ticked by Full time applicants only)

- |                      |                          |                   |                          |
|----------------------|--------------------------|-------------------|--------------------------|
| ▪ Main Campus (K.U.) | <input type="checkbox"/> | Nyeri Campus      | <input type="checkbox"/> |
| ▪ Parklands          | <input type="checkbox"/> | City Campus       | <input type="checkbox"/> |
| ▪ Ruiru Campus       | <input type="checkbox"/> | Nakuru Campus     | <input type="checkbox"/> |
| ▪ Kitui Campus       | <input type="checkbox"/> | Mombasa Campus    | <input type="checkbox"/> |
| ▪ Kericho Centre     | <input type="checkbox"/> | Others ( Specify) | <input type="checkbox"/> |

ii. **Evening and Weekends/ Part Time**

- |               |                          |                  |                          |
|---------------|--------------------------|------------------|--------------------------|
| ▪ Parklands   | <input type="checkbox"/> | Nakuru Campus    | <input type="checkbox"/> |
| ▪ City Campus | <input type="checkbox"/> | Others (Specify) | <input type="checkbox"/> |

iii. **Institution Based** (To be ticked by Institution based applicants only)

- |                      |                          |                  |                          |
|----------------------|--------------------------|------------------|--------------------------|
| ▪ Main Campus (K.U.) | <input type="checkbox"/> | Mombasa Campus   | <input type="checkbox"/> |
| ▪ Kericho Centre     | <input type="checkbox"/> | Others (Specify) | <input type="checkbox"/> |
| ▪ Nakuru Campus      | <input type="checkbox"/> |                  |                          |

iv. **Open Learning (ODEL)** Preferred Centre (To be ticked by IOL applicants only)

- |                     |                          |         |                          |
|---------------------|--------------------------|---------|--------------------------|
| ▪ Nairobi           | <input type="checkbox"/> | Embu    | <input type="checkbox"/> |
| ▪ Nakuru            | <input type="checkbox"/> | Nyeri   | <input type="checkbox"/> |
| ▪ Kisumu            | <input type="checkbox"/> | Mombasa | <input type="checkbox"/> |
| ▪ Kakamega          | <input type="checkbox"/> | Garissa | <input type="checkbox"/> |
| ▪ Others ( Specify) | <input type="checkbox"/> |         |                          |

9. Institution attended and Qualifications obtained.

QUALIFICATIONS	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED
(i) Academic			
(ii) Professional			

10. Work/Research experience (where applicable)

OCCUPATION	EMPLOYER	WORK STATION	DURATION

## SECTION C

### DECLARATION BY APPLICANT

I hereby declare that to the best of my knowledge, the information I have given is correct.

Signature.....Date.....

## SECTION D

11. For Official Use Only:

Recommendations

Approved

Not Approved

Deferred

Reasons:

Incomplete Information

Others:.....

.....

Signature.....

Date.....

## SECTION E

12. Action to be Taken

Admit

Reject

Follow-up action:.....

.....

.....

Signature.....

Date.....