



KOITALEEL SAMOEI UNIVERSITY COLLEGE

(A Constituent College of the University of Nairobi)

P.O. BOX 5-30307, MOSORIOT, Telephone: 020-4915307/0740 183 955

Email: regacademic@ksu.ac.ke

APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE STUDIES

(SELF-SPONSORED STUDENTS)

Two copies of this form should be completed and returned/sent to the Academic Registrar, Undergraduate Admissions Office KSUC Mosoriot Campus. The form should be typed or completed in Block letters. 1) Attach two passport size photographs, 2) **2 CERTIFIED COPIES OF RESULT SLIPS OR CERTIFICATES** and 3) Original application fee deposit slip of Ksh. 2000/ for undergraduate, Ksh. 1000/ for Diploma and USD.40/ for applicants outside East Africa.

Application Fee can be deposited to the following account:

ACCOUNT NAME: **KOITALEEL SAMOEI UNIVERSITY COLLEGE**

ACCOUNT BANK: **ABSA BANK LIMITED (BARCLAYS BANK) ELDORET BRANCH**

ACCOUNT NUMBER: **2041283338**

SECTION A- Application Fee Payment Details

(As shown in the bank deposit slip)

i. Account No.....Branch.....

ii. Deposit Date(DD/MON/YYYY).....AmountPaid.....

iii. Narratives (Names as shown on the slip).....

iv. Ref. No (Bank slip).....Transaction No.....

SECTION B – Course Application Details

i. Programme Applied (1)Certificate (2)Diploma (3)Degree (Tick as appropriate)

ii. Name of Course applied for.....

iii. Mode of Study Study Centre.....
(Full Time/PartTime) (Mosoriot/Nandi Hills)

iv. School of.....

v. Intake Year.....Month..... (SEPTEMBER/JANUARY/MAY).....

SECTION C – Applicant’s Personal Details

i. Names (in full).....
(Surname) (FirstName) (Second/OtherName)

ii. Address.....PostalCode.....Town/City.....Country.....

iii. Telephone.....MobileNumber.....Email.....

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

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

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

vii. Name of Next of Kin..... Relationship.....

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

Telephone.....Email.....

viii. Emergency Contact (Name).....

Address.....Postal Code.....Town.....Country.....

Telephone.....Mobile No.....E-Mail.....

ix. Any physical disability (please specify where applicable)

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SECTION D – Applicant’s Education Background

Please list all Secondary and Post Secondary Schools/Colleges you have attended:

	Sec & Post Schools and Address	From (Year)	To (Year)	Qualifications Obtained	Index No./ Exam Reg. No.
1.					
2.					
3.					

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

SECTION E – Applicant’s Referees

Give names and addresses of two referees.

I.

Name.....

Address.....PostalCode.....Town/City.....Country.....

Telephone.....Mobilenumber.....Email.....

II.

Name.....

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

Telephone.....Mobile number.....Email.....

SECTION F – Applicant’s Declaration

I declare that the information given 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.

Applicant’s Full Name..... ID/Passport No.....

Date..... Applicant’s Signature.....

For further information please refer to <http://www.ksuc.ac.ke/admissions/>

SECTION G – Recommendation (For official use only)

i. Recommendation of Department: (RECOMMENDED/NOT RECOMMENDED)

Signed..... Date and Stamp.....

Chairman of Department

ii. Recommendation of School/Institute (RECOMMENDED/NOT RECOMMENDED)

Signed..... Date and Stamp.....

Director of School