



# KOITALEEL SAMOEI UNIVERSITY COLLEGE

(A Constituent College of the University of Nairobi)

P.O. BOX 5-30307, MOSORIOT, Telephone: 020-4915307/0740183955

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## 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 letter. Attach two passport size photographs, **2 CERTIFIED COPIES OF RESULT SLIPS OR CERTIFICATES** and Original application fee deposit slip of Ksh. 2000/-.

### SECTION A- Application Fee Payment Details (As shown in the bank deposit slip)

- i. Account No.....Branch.....
- ii. Deposit Date(DD/MON/YYYY).....Amount Paid.....
- iii. Narratives (Names as shown on the slip).....
- iv. Ref. No (Bank slip).....Transaction No.....

### SECTION B – Course Application Details

- i. Programme sought      1) Certificate    2) Diploma    3) Degree      (Circle as appropriate)
- ii. Name of Course applied for.....
- iii. Mode of Study ..... Study Centre.....  
(Full Time/Part Time/School Based)                                  (Mosoriot)
- iv. School of .....
- v. Intake Year.....Month.....(SEPTEMBER 2019).....

### SECTION C – Applicant’s Personal Details

- i. Names (in full).....  
(Surname)    (First Name)    (Second/Other Name)
- ii. Address.....Postal Code.....Town/City.....Country.....
- iii. Telephone.....Mobile Number.....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.....

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

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:

	<b>Sec &amp; Post Schools and Address</b>	<b>From (Year)</b>	<b>To (Year)</b>	<b>Qualifications Obtained</b>	<b>Index No./ Exam Reg. No.</b>
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.....Postal Code.....Town/City.....Country.....

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

**SECTION G – Recommendation (For official use only)**

- i. Recommendation of Department (Where applicable): 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