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UNIVERSITY OF KABIANGA

UoK/F/ADM/001

PRIVATELY SPONSORED STUDENTS PROGRAMME (PSSP)

APPLICATION FOR ADMISSION

SCHOOL OF _____

I. PERSONAL DATA

1. Applicant's Name: _____
(Surname, First Name Middle Name)

2. Contact (Postal Address) _____

3. Tel./Mobile No. _____

e-mail: _____

3. Date of Birth: _____ **ID/Passport No.:** _____

4. Nationality: _____

5. Gender: Male Female

6. Marital Status: Married Single

(Tick as appropriate)

II. DEGREE **DIPLOMA** **CERTIFICATE** (Tick as appropriate)

Indicate the specific programme e.g. B.Sc (Computer Science)

III. ACADEMIC YEAR: _____ **INTAKE** _____
(e.g. 2008/2009) (e.g. April/August)

VI. MODE OF STUDY: Fulltime School Based

Part time

V. STATION _____

Indicate the station (e.g. MAIN CAMPUS, TOWNCAMPUS, KAPKATET, SIGOR)

VI. RECORD OF SECONDARY EDUCATION (Attach copies of Result Slips and Certificates)

SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE OBTAINED	GRADE

VII. POST SECONDARY EDUCATION (Attach copies of Result Slips and Certificates)

INSTITUTION/POLY/ UNIVERSITY	FROM	TO	AREA OF STUDY	QUALIFICATIONS ATTAINED

VIII. WORK/PROFESSIONAL/EXPERIENCE

JOB TITLE	EMPLOYER	FROM	TO

VIV. FINANCES

Please indicate how you intend to finance your study.

Private finance sources (Tick as appropriate)
 Other financial sources

Signature of applicant _____ Date _____

<p>FOR OFFICIAL USE ONLY</p> <p>Admission recommended Admission not recommended</p> <p>Degree Programme:</p> <p>Comment:</p> <p>.....</p> <p>SIGNATURE:</p> <p>DEAN, SCHOOL OF DATE</p>

Application forms should be returned to;
 The Deputy Vice Chancellor (A&SA)
 Privately Sponsored Students Programme
 University of Kabianga
 P.O. Box 2030 - 20200
 KERICHO