



Affix Current
Passport Photo
Here

Kisii University

P. O. Box 408 – 40200
Kisii – KENYA
Email: acregistrar@kisiiversity.ac.ke

Telephone: 020-2610479/0720875082
Fax: 058-31140
admissions@kisiiversity.ac.ke

APPLICATION FORM FOR CERTIFICATE PROGRAMMES

NOTE:

- i) *This form should be completed and returned to the ACADEMIC REGISTRAR, KISII UNIVERSITY, P. O. BOX 408- 40200 KISII.*
- ii) *The form should be typed or completed in Block Letters.*
- iii) *Attach Certified Copies of Academic Transcripts & Certificates (if any), K.C.S.E. / K.C.E Certificate /Result Slip or Its Equivalent and a Copy of National ID/Passport/ Birth Certificate and School Leaving Certificate.*
- iv) *The applicant is required to fill Sections A, B and C.*
- v) *Attach original receipt/ Bankers Slip/Money Order/ Bankers Cheque for Kshs.500 Application Fee in favour of Kisii University at any branch of the following Banks: National Bank of Kenya, a/c number: 01230035009000, Co-operative Bank of Kenya a/c number: 01129297079400 and KCB a/c number: 1148599398.*

SECTION A: PERSONAL DATA

1. Name:

(Surname) (Other names in full)

2. Date of Birth Sex

3. ID/Passport No: 4. Marital Status

5. Religion E.mail.....

6. Contact Address..... Mobile /Cell:

SECTION B

7. (a) Secondary School(s) attended and qualification obtained.

School	From	To	Qualifications Obtained
.....
.....

SECTION C:

8. (a) State the Certificate course for which you wish to be considered for admission.

Name of the Certificate in order of your preference.

(i)

(ii)

(b) State how you intend to pursue your studies (Please tick (√) appropriately.).

Mode of Study: Full Time [] Part-Time []

(c) Indicate how you intend to finance your studies.

Self..... Sponsored.....

(d) Preferred Campus (Please tick (√) appropriately.)

i) Kisii Main Campus [] ii) Other (Specify).....

9. HOW DID YOU LEARN ABOUT KISII UNIVERSITY?

University Website [] Advertisement [] Colleagues [] Friends [] Social Media []

Others (Specify):

10. APPLICANTS' DECLARATION

I hereby certify that the information given in this Application Form is correct and complete to the best of my knowledge and hereby give my permission to the Registrar (AA) to obtain any verification deemed necessary to process my application. I will include with this application my application fees and other documents as required in the application instructions.

Signature: Date:

SECTION D FOR OFFICIAL USE ONLY

11. Forwarded to the School of

Recommended for admission [] Not Recommended []

Comments:

Signed: Date:

(DEAN/ Co-ordinator/COD)

For: Registrar (AA)
