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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 UNDERGRADUATE 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 for Kshs.2000 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

Gender

3. ID/Passport No:

4. Marital Status

5. Religion

E.mail.....

6. Contact Address.....

Permanent Address:

Mobile /Cell:

Alternative Contact Address

Next of Kin Full Name:

Relationship

Address:

Tel/Mobile No:

Nationality..... County..... Sub-county.....Constituency.....

SECTION B

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

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

(b) Other Qualifications.

State any other Academic/Professional qualifications or experience.

Institution Attended	From	To	Certificate Awarded	Subjects Studied
.....
.....

SECTION C

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

Name of the Undergraduate Programme in order of your preference.

(i)

(ii)

(iii)

(b) Indicate field of study or choice of subject (where necessary e.g. subject combinations).

.....

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

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

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

Self Sponsored.....

(e) Preferred Campus (Please Specify)

9. Name of Institution or Employer / Sponsor: (where applicable)

.....

Recommendation:

Designation: Signature: (Official Stamp)

10. HOW DID YOU LEARN ABOUT KISII UNIVERSITY?

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

Others (Specify):

11. 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 fee and other documents as required in the application instructions.

Signature: Date:

SECTION D FOR OFFICIAL USE ONLY

12. Forwarded to the Department of On.....

Recommended for admission [] Not Recommended []

Comments:

.....

Signed: Date:

(COD/Coordinator)

13. Forwarded to the School of

Recommended for admission [] Not Recommended []

Comments:

.....

Signed: Date:

(DEAN)

14. Recommendation of the Deans committee.

Recommended for admission [] Not Recommended []

15. Registrar AA..... Date..... Official Stamp

