



UNIVERSITY OF EMBU

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APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE STUDIES (SELF-SPONSORED STUDENTS)

Details of courses offered and their entry requirements can be obtained on
<http://www.embuni.ac.ke>

NOTE;

- The form should be typed or completed and copies returned to the Deputy Vice-Chancellor (Academics, Research and Extension), P.O. Box 6 – 60100 Embu.
- The following should be attached to the application form; (a) original copy of the fee deposit slip for the payment of a non-refundable application fee of KShs 2,000 (Degree), KShs 1,000 (Diploma), KShs 500 (Certificate) and KShs 300 (Short course) for East Africans and USD 50 (Degree), USD 25 (Diploma), USD 15 (Certificate) and USD 10 (Short course) or its equivalent for Non East Africans; (b) copies of Result Slips/ or Certificates; (c) copy of National Identity Card/ Birth Certificate, and (d) two good quality passport photographs.

SECTION A – Course Application Details

1. Name of Certificate/Diploma/Degree course applied for.....
.....

If you are not selected for the programme applied for, indicate below, in order of preference, the other programme(s) which you would like to be considered for:

- a)
- b)
- c)

2. Date of commencement Semester Academic year

3. Department School of

4. Mode of study (Tick)

Full time Evening Weekend Open learning Institutional Based

SECTION B – Applicant's Personal Details

1. Names (*in full*)
(Surname) (First Name) (Others)

Postal Address Postal Code Town/City

Constituency County Country

Telephone E-Mail

Date of Birth Gender:

Marital Status Nationality Religion

National Identity Card No. Passport No

2. Name of Next of Kin Relationship

Address Postal Code Town/City Country

Telephone E-Mail

3. Emergency Contact (Name, if different from the above)

Address Postal Code Town/City Country

Telephone E-Mail

4. Do you have any form of disability? YES/NO

If yes, indicate the nature of disability

SECTION C – Institutions Attended by the Applicant and the Qualifications Obtained

List all institutions attended and the qualification obtained starting with the latest:

Institutions Attended	From: (Month and Year)	To: (Month and Year)	Qualification Obtained
i) Academic			
ii) Professional			

Please attach copies of certificates and academic transcripts

SECTION D – Applicant’s Practical/Work Experience (Where applicable)

List your work experience

From	To	Employer	Designation	Nature of Assignment

SECTION E – 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 Names ID/Passport No

Date Applicant’s Signature