

MASENO UNIVERSITY OFFICE OF THE REGISTRAR, ACADEMIC & STUDENT AFFAIRS

Tel:254-057-51622, 51620, 510089, 51011 Fax: 254 – 057-51221, 51153 Private Bag MASENO www.maseno.ac.ke

AFFIX PASSPORT SIZE PHOTO Date of receipt of Application from Client

Application No. _____

NOTE:

- i. That the completed form should be submitted to the ACADEMIC REGISTRAR, MASENO UNIVERSITY, PRIVATE BAG MASENO
- ii. That all candidates applying must attach copies of their certificates/transcripts, Identity Card/Waiting Card/Birth Certificate, Original Receipt of the Fee and School Leaving Certificate.
- iii. Applicant should also indicate the campus of interest whether,Kisumu Campus (Day/Evening/Weekend/Sandwich)
- iv.

2.

- v. That only successful candidates will be contacted.
- vi. That the names appearing on this form should be the same as those on your certificates.

1. PERSONAL DETAILS:

Surname/Family	Name:			
Other Names:				
Date of Birth:	/	_/		
	Day Mor	nth Year		
Gender:	□ Male	Female		
Marital Status:	Single	Married		
Nationality:				
County of Reside	ence:			
Telephone:			Email:	
Address for Correspondence:				
PROGRAMME APPLIED FOR (Tick as appropriate)				

1. CERTIFICATE []2.DIPLOMA []

CERTIFICATE/DIPLOMA APPLIED FOR:_____

MODE OF STUDY:

[] DAY (FULL TIME)

- [] EVENING
- []WEEKEND



MASENO UNIVERSITY OFFICE OF THE REGISTRAR, ACADEMIC & STUDENT AFFAIRS

3. ACADEMIC BACKGROUND:

i. KENYA CERTIFICATE OF SECONDARY EDUCATION (KCSE)/KCE/EACE OR Equivalent Examination passed. Candidates offering alternative qualifications must attach copy (ies) of certificates(s).

Last Secondary/High School attended:	
Date of Admission://	Date of Completion:
Year of Examination:	
Examination body:	
Mean Grade:	Points:
SUBJECT	GRADE
	· · · · · · · · · · · · · · · · · · ·

ii. KENYA ADVANCED CERTFICATE OF EDUCATION (KACE), OR EAACE OR Equivalent. (Write N/A if Not applicable)

High School Attended:	
Date of Admission://	Date of Graduation://
Year of Examination:	Index Number:
Examination Body:	
Result: Principle Pass(es):	Subsidiary Pass(es)
SUBJECT	GRADE



4. PROFESSIONAL OR OTHER QUALIFICATION(S)

Give details where obtained, dates and certificates(s) awarded. (Attach documentary proof).

Qualifications	Where obtained	Dates	Award

5. EMPLOYMENT HISTORY

List all relevant work experience previous and current.

DATE OF EMPLOYMENT		JOB TITLE
FROM	ТО	

How did you come to know about Maseno University? (Tick as many options as are applicable)

University website [] News paper [] Television [] Radio [] Internet [] Posters/Brochures [] Family/Friends [] University Staff [] Exhibitions [] Career Visits/Talks [] Students/Alumni [] Others (Specify)

I declare that all statements on this application form and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant: _____

Date:	/	/	



MASENO UNIVERSITY OFFICE OF THE REGISTRAR, ACADEMIC & STUDENT AFFAIRS

Recommendation of Head of Department			
Name of C.O.D:	Signature:	Date://	
Recommendation of Dean/Director of Scho	ol		
Name of Dean/Director:	Signature:	Date://	
Recommendation of Admissions Board:			
Admitted/Not Admitted for:			
Degree:	Department:		
Deferred until:	Date of meeting://		
Ē	OR OFFICIAL USE C	DNLY	
ACADEMIC DIVISION USE: OFFICIAL STAMP		АМР	
RECEIPT OF APPLICATION FORM FROM S	CHOOL	LETTER OF ADMISSION ISSUED ON:	
Date of receipt:///		//	
Name of officer receiving:			
Signature:			
-			

NOTE: The University reserves the right to request and obtain further information from any educational institution or employer which may be required to confirm or clarify your suitability for the course applied for.