

LAIKIPIA

P.O. Box 1100-20300,
NYAHURURU,
KENYA



UNIVERSITY

TEL: 020-2671779, 020-2671771
raa@laikipia.ac.ke; www.laikipia.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

LETTER OF ACCEPTANCE, DEFERMENT OR REJECTION OF OFFER OF

ADMISSION BY THE CANDIDATE:

(To be completed in duplicate and in CAPITAL LETTERS)

(A) LETTER OF ACCEPTANCE

The Registrar (Academic Affairs)

Dear sir/Madam,

With reference to your letter offering me a place in the School of:

.....

For a course leading to a degree/diploma of:

I accept the offer and UNDERTAKE TO ABIDE by the “Regulations Governing the Association, conduct and the Discipline of the students” stipulated in the statutes of LAIKIPIA UNIVERSITY and in the STUDENTS’ HANDBOOK which I have read and understood.

Candidate’s Names:

First

Middle

Last/Surname

Registration No:ID No. / KCSE Index No.....

Signature: Date:

Mobile No.

OR

(B) DEFERMENT OF STUDY BY CANDIDATE

The Registrar (Academic Affairs)

Dear Sir/Madam,

With reference to your letter offering me admission to LAIKIPIA UNIVERSITY

Degree/diploma in:
.....

I wish therefore, to defer my studies to the next academic year.

I look to your reply.

Candidate's Names:

First Middle Last/Surname

Registration No: ID No. / KCSE Index No.

Signature:Date:

OR

(C) REJECTION OF OFFER

The Registrar (Academic Affairs)

Dear Sir/Madam,

I confirm that I will not accept the offer because of the following reasons.

.....
.....
.....

Candidate's Names:

First Middle Last/Surname

Registration No: ID No. / KCSE Index No.

Signature:Date:

FOR OFFICIAL USE ONLY

Name of Dean of School/ Registrar:

Date:Signature:

Vision: A University for valued transformation of society.

Mission: To serve the students and society through research, education, scholarship, training, outreach and consultancy.

LAIKIPIA UNIVERSITY IS ISO 9001:2008 CERTIFIED



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Affix
passport
size photo

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STUDENTS PERSONAL DETAILS

Information provided in this form is essential in establishing a complete record of the student in the Registrar's office. (To be completed in triplicate and in capital letters spelling all name in full.)

1.Full name(AS IT APPEARS ON THE ID/BIRTH CERTIFICATE)

.....

First name

Middle name

Last/Surname

2. National ID No. or Birth Certificate No.

District:

3. University Registration Number:

Year of Study:Course of study

4. Date of Birth:

5. Nationality:

6. Religion:

7. (a) Home Contact Address:

(b)Former School Contact Address:Mobile No.....

8. (a) Marital Status:

(b) Name and Address of the Spouse (if married):

.....Mobile No.....

9. Full Name of Mother: Deceased/Alive. Mobile No.....

10. Full Name of Father:Deceased/Alive. Mobile No.....

11. Full Name of Guardian (if neither 9 nor 10): Mobile No

12. (a) Occupation of Father:

(b) Occupation of Mother:

(c) Occupation of Guardian (if neither 9 nor 10):

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13. Names of brother (s), sister (s) and addresses. Attach additional sheet of paper for additional names (if necessary):

.....
.....
.....
.....

14. Place of Permanent Residence: village:

Nearest Town: Location:

Name of Assistant Chief: Mobile No.....

Name of Chief: Mobile No.....

Chief's Signature:Chief's stamp:

Assistant County Commissioner Signature:

Date:Official Stamp:

Sub County Commissioner Signature:.....

Date:Official Stamp:

15.Place of Birth: (if different from 14 above)

Village:Name of Chief:

Location:Sub-Location:

Division County:

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Name of Dean of School/ Registrar:

Signature: Date:

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REGISTRATION NO:

IMPORTANT:

- Students are requested to complete part 1 of this form. Part II should be completed by the Medical Officer examining the student. The completed form should then be submitted to the University Medical Officer/Medical Officer in your respective campuses on the registration day.
- Please note that any medical services that the student may require outside the University's Medical Department is direct responsibility of the Parent /Guardian.

PART 1

a) Name of the Candidate:

First name

Middle name

Last/ Surname

Sex:Nationality:Religion:

School:Single/Married:

Mobile no:.....Address:.....

Parents/ Guardian/ Next of kin Name.....

Mobile No:Address:.....

b) Have you ever been admitted to hospital? Yes/No:

If so, state reason for admissions and date:

.....
.....

c) Have you had any of the following illness?

Tuberculosis or other chest infection

YES/NO

Fits, Neurological diseases or fainting attacks

YES/NO

Heart disease or rheumatic fever

YES/NO

Allergies to food or drugs

YES/NO

Diabetes mellitus

YES/NO

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Mental Illness

YES/NO

Asthma

YES/NO

If the answer to any of the above is YES, please give details:

.....
.....

(d) If there are any relevant details of your medical history not covered by the above questions, please give particulars.

.....
.....

Date:Signature:

PART II

To be completed by the examining Officer

a) Vision:

b) Hearing:

c) Cardiovascular system:

Pulse:

Blood Pressure: Systolic: Diastolic:

Heart Exam:

d) Chest Exam (X-ray if necessary-e.g. recent chest disease).

e) Is the student on any treatment?

If so, give details:

.....

f) Any other observations of importance.....

.....

.....

Name of Doctor:

Signature: Official Stamp:

PART III

(To be completed by Laikipia University Medical Officer)

Special remarks:

.....

Is the student fit for University Education? YES/NO

Date: Signature:

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COURSE ADMITTED TO:

.....

REGISTRATION NO:

EMERGENCY OPERATIONS

This applies to students who are minors (i.e. person under 21 years of age).

Approval of your parents (or guardian) is required for the Chief Medical Officer of Laikipia University to give consent on their behalf, for an emergency operation to be carried out on you should a situation calling for an operation arise, parents (or guardians) are therefore required to complete the consent form below if you are under 21 years of age.

FORM OF CONSENT

I agree that the Chief Medical Officer of Laikipia University may consent an emergency operation being performed on:

.....

If it is not possible to contact me on.

Name:

Relationship:

Address:

Mobile No:

Signed: Date:

Mobile No:

Signed:Date:

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