

Affix a Recent Passport Here

JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY SCHOOL OF OPEN, DISTANCE AND eLEARNING

STUDENT APPLICATION/REGISTRATION FORM (CERTIFICATE/DIPLOMA COURSES)

(To be filled in duplicate)

	(10 be filled in duplicate)
Surname	:
Other na	mes:
Company	y:
Address:	
Telephor	ne: Fax:
E-Mail:	
Date of b	irth:
Indicate	the course applied for:
	Diploma in Information Technology
	Diploma in Purchasing and Supplies Management
	Diploma in Business Administration
	Diploma in Business Information Technology
	Diploma in Community Development
	Diploma in Human Resource Management
	Diploma in Public Relations
	Diploma in Microfinance
	Diploma in Marketing
	Diploma in Mass Communication
	Diploma in HIV/AIDS Management
	Bridging Certificate course in Information Technology
	Certificate in Information Technology
	Certificate in HIV/AIDS Management
	Certificate in Purchasing and Supplies Management
	Bridging in English
Intake Da	ate:
Centre of	f Study:



EDUCATION

Sponsorship Self: Others (parent, Organization): Address: Telephone: Contact Person: Name and address of nearest relative, person or agency to be contacted in case of emergency; Name: Relationship: Relationship: Telephone: TERMS AND CONDITIONS 1. Course fees must be paid in advance at the time of booking, unless prior credit arrangements are made and approved by an authorized officer of the University. 2. Where credit is granted, the account must be settled within the agreed period otherwise a monthly penalty charge of 3% will be levied on a cumulative basis. 3. A 20% fee will be charged on any bookings cancelled or abandon of classes. 4. There will be no refund of any bookings cancelled or abandonment of classes once they have commenced. 5. A Ksh. 1,000 service fee will be charged on all returned cheques. 6. The center accepts no liability for loss or damage to any property brought or left on the premises by students. 7. Students will be charged for any damages caused to equipment by their negligence.	Schools Attended	Dates-From (year) to (year)		Qualification				
Passport Size Photographs) Sponsorship Self:								
Passport Size Photographs) Sponsorship Self:								
Sponsorship Self:	NB: (Attach to each form Certified Copies	of the Relevant Certif	ficates, Resultslips, Na	tional Identity Card, E	Birth Certificate and <u>two</u> Red	cent		
Self:	Passport Size Photographs)							
Others (parent, Organization): Address: Telephone: Contact Person: Name and address of nearest relative, person or agency to be contacted in case of emergency; Name: Relationship: Address: Telephone: TERMS AND CONDITIONS 1. Course fees must be paid in advance at the time of booking, unless prior credit arrangements are made and approved by an authorized officer of the University. 2. Where credit is granted, the account must be settled within the agreed period otherwise a monthly penalty charge of 3% will be levied on a cumulative basis. 3. A 20% fee will be charged on any bookings cancelled or abandon of classes. 4. There will be no refund of any bookings cancelled or abandonment of classes once they have commenced. 5. A Ksh. 1,000 service fee will be charged on all returned cheques. 6. The center accepts no liability for loss or damage to any property brought or left on the premises by students. 7. Students will be charged for any damages caused to equipment by their negligence. 8. Certificates will only be awarded after the fulfillment of all the particular course's requirements. DECLARATION 1. Certify that the information/statements made by me on this form are correct and complete. I further certify that I have read, understood and agreed to comply with the terms stipulated herein. Signature:	Sponsorship							
Name and address of nearest relative, person or agency to be contacted in case of emergency; Name:	Self: Others (accord Constitution)	Λ	d					
Name and address of nearest relative, person or agency to be contacted in case of emergency; Name:	Others (parent, Organization):	Contact Person:	aress:					
Name:	Telephone.	Contact i erson						
Address:	Name and address of nearest relative, pe	erson or agency to be	e contacted in case of	emergency;				
Address:	Name:	Relat	tionship:					
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Name of Sponsor: Authorised Signature:	Name of Sponsor:	Authorised Si	gnature:					
Date:	Date:							
All correspondences should be addressed to:-The Head of the Institution where the Application forms are obtained.	All correspondences should be address	ead to:-The Head	of the Institution who	re the Application (forms are obtained			
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FOR OFFICIAL USE ONLY	FOR OFFICIAL USE ONLY							
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Sign: Date:	Sign: Date	e:						

