

IV WORK/PROFESSIONAL EXPERIENCE

JOB TITLE	EMPLOYER	FROM	TO

V FINANCES

Please indicate by ticking (√) how you intend to finance your study

- Through:
- (i) Parent _____ []
 - (ii) Self _____ []
 - (iii) Sponsor _____ []
 - (iv) Other (please specify) _____ []

Signature o _____ Date _____

FOR OFFICIAL USE ONLY	
Admission recommended: _____ Admission not recommended: _____	
Degree Programme: _____	
Comment: _____	
SIGNATURE: _____	_____
DEAN OF FACULTY, FESS	DATE

Dully completed application form should be returned to:

The Registrar (Academic Affairs)
 Kibabii University College
 P.O. Box 1699-50200.
BUNGOMA
 Tel. 020-2028660/0708085934/0734831729
 E-mail: enquiries@kibabiiuniversity.ac.ke
 Website: <http://www.kibabiiuniversity.ac.ke>

KENYA COMMERCIAL BANK :11 37 40 83 75
 Application fee is Kshs. 1000 to the above account number