

**Official Use Only**

Receipt No _____

Date _____

Signature _____

MASINDE MULIRO UNIVERSITY OF SCIENCE & TECHNOLOGY

SCHOOL OF OPEN LEARNING AND CONTINUING EDUCATION (SOLACE)

PRIVATELY SPONSORED STUDENTS PROGRAMME

APPLICATION FORM FOR ADMISSION TO DIPLOMA AND CERTIFICATE PROGRAMMES

NOTE:

- i. That the completed form should be submitted to the Director, SOLACE, MMUST, P.O. Box 190Kakamega-50100.
- ii. That all applicants must attach copies of their result slips, certificates and original receipt of application fee of Ksh 500/=. Payment be made to National Bank – Kakamega A/c No. 010037055400.
- iii. That applicants must indicate the Campus /Study Centre.: Kakamega – Main Campus :Study centers; (Nairobi / Bungoma / Webuye/ Mumias)

SECTION A: Course Application Details (Tick/Complete appropriately)

NAME OF PROGRAMME	
SPECIALIZATION (Applicants for Diploma in Business Management)	
MODE OF STUDY	<input type="checkbox"/> Full time <input type="checkbox"/> Evening <input type="checkbox"/> Distance Learning
CAMPUS / STUDY CENTRE	

SECTION B: Applicants Personal Details

- i) Name:

(Surname)
(First name)
(Other names)
- ii) Postal Address:

Postal code.....
City/Town.....
Country.....

Mobile
Fax.....
E-mail.....
- iii) Date of Birth (DD/MM/YYYY)..... Gender.....

Marital Status:
Nationality:
Religion:

National I.D.....
Passport No:

SECTION C: Applicant's Education Background

Please list Colleges / Schools you have attended (Start with the highest)

POST SECONDARY & SECONDARY SCHOOLS ATTENDED	FROM (YEAR)	TO (YEAR)	AREA OF STUDY	QUALIFICATION ATTAINED	INDEX NO. / EXAM REG NO.

PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS.

SECTION D: Applicant's Declaration

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

By: (i) Parent _____ []
(ii) Self _____ []
(iii) Sponsor _____ []
(iv) Other (please 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 other offer of a place and that this withdrawal may take place at any stage during the course of study.

Applicant's Signature _____ Date _____

SECTION E: Evaluation

For any enquiries please contact:

Tel. 056-31740 E-mail: solace@mmust.ac.ke

FOR OFFICIAL USE ONLY	
Admission recommended: _____	Admission not recommended: _____
Programme: _____	
Comment: _____	
SIGNATURE: _____ DATE _____	
COD	
SIGNATURE: _____ DATE _____	
Director, SOLACE	