



Passport Size
Photograph
(Coloured)

Scott Christian University

P O Box 49, 90100 Machakos, Phone: 0706381396, Email: admissions@scott.ac.ke

APPLICATION FOR ADMISSION

PERSONAL DETAILS		
Name:		
(Surname)	(Other names)	
Date of Birth:	Gender (Tick✓): Male [] Female []	
(Date)	(Month)	(Year)
Nationality:	Citizenship/ID No./Passport No.:	
Marital Status (Tick ✓): Single [] Married []		
CONTACT DETAILS		
Postal Address:	Postal Code:	Town:
Mobile:	Home Tel. No. (Landline):	
Email:		
SPONSOR'S INFORMATION		
Name:		
Postal Address:	Postal Code:	Town:
Mobile:	Office Tel. No. (Landline):	
Email:		
NEXT OF KIN		
Name:	Cell Phone:	Email:
Postal Address:	Postal Code:	Town:

COURSE DETAILS

Please tick [✓] the programme you are applying for

Bachelor Programmes

☐ Bachelor of Business Administration ☐ Bachelor of Business Information Technology
☐ Bachelor of Hospitality and Tourism Management ☐ Bachelor of Information Communication Technology ☐ Bachelor of Leadership and Management ☐ Bachelor of Arts in Counseling Psychology ☐ Bachelor of Arts in Community Development ☐ Bachelor of Education ☐ Bachelor of Education in Early Childhood Development Education

Diplomas and Certificates

☐ Diploma in Leadership and Management ☐ Diploma in Agribusiness ☐ Diploma in Information Communication Technology ☐ Diploma in Counselling Psychology ☐ Diploma in Early Childhood Development Education ☐ Diploma in Community Development ☐ Diploma in Business Administration ☐ Diploma in Business Information Technology ☐ Certificate in Leadership and Management ☐ Certificate in Agribusiness ☐ Certificate in Early Childhood Development Education

Programme: _____

Mode of Study (Tick ✓):

Regular ☐ Evening ☐ School Based ☐

ACADEMIC HISTORY

High schools and colleges attended (*Attach certified copies of Results/Certificates*)

Name of School/College/University	Dates attended (e.g. 2005-2010)	Grade attained	Date of Graduation

Qualifications pending

Name of School/College/University	Dates attended (e.g. 2010-2015)	Grade attained to present	Expected completion date

List extra-curricula activities you have participated in (sports, music clubs, community services etc.)

Attach your curriculum vitae if more appropriate and applicable.

Have you been a student in a University before? Yes/No _____. If **yes** give the name of the

University and reasons for leaving _____

RELIGION AFILIATION INFORMATION

Please indicate [✓] your religion affiliation

Christian: [] Protestant [] Catholic

Other: Specify _____

If Christian to what church (denomination) do you belong? _____

Where do you usually attend church services? _____

ADDITIONAL INFORMATION

How did you get to know about SCU? *(Please Tick ✓ and explain)*

[] Advertisement in _____

[] Recommendation from a friend _____

[] Recommendation from a student *(Please give their name)* _____

[] Exhibition (Please specify): Place: _____ Date: _____

[] Other (Please specify): _____

SIGNATURE OF APPLICANT:

Scott Christian University is a Christian institution that upholds biblical teachings, values, and practices that recognize and honor Jesus Christ as Lord and Savior .In signing this application form, I hereby certify that I accept the purpose and goals of Scott Christian University; that if accepted as a student I promise to obey the rules and regulations of the University and to support and uphold the Doctrinal and Christian Life standards of the University.

Signature: _____ Date: _____



**SCOTT CHRISTIAN UNIVERSITY
CERTIFICATE OF HEALTH FORM (FOR APPLICANT)**

(This Certificate of Health is to be completed by the applicant and a medical doctor)

NAME OF APPLICANT (IN CAPITAL LETTERS) _____

PART I

The following questions are to be answered by the applicant before taking the physical examination:

1. Have you ever been an in-patient in hospital or dispensary suffering from any disease or injury?
_____ if so, give details.

2. Apart from above, have you ever received medical treatment for any serious disease or injury?
_____. If so, give details.

3. Is there any disease or illness that bothers you regularly such as:

Hay fever?	_____
Diabetes?	_____
Stomach ulcers?	_____
Headache?	_____
Persistent cough?	_____
Frequent diarrhea?	_____
Skin eruption (sores)?	_____
Other (specify)	_____

4. Is there any food or drink that you are unable to eat or drink or that causes you stomach trouble?
_____ if so, give details.

5. Have you had any recent notable weight loss? _____

6. Do you have any family members or close friends who have been diagnosed as having
HIV/ AIDS? _____

To the best of my knowledge, I have answered the above questions fully and truthfully.

Date: _____ Signature of Applicant _____

PART II

The following questions are to be answered by a Medical Doctor or duly authorized clinical officer.

Does the above named Applicant report or show any symptoms of the following? If so, give details:

1. Any infectious or contagious disease? _____
2. Any chronic disorder or asthma, hay fever, diabetes, etc _____
3. Any ailment (stomach ulcers or allergies) that might prevent him/her from eating a normal diet?
4. Any ailment or disability that would make him/her unable to take part in sports or normal physical activities? _____
5. Any evidence of impaired vision? _____ Hearing? _____

I hereby certify that I have examined the above named person and that in my professional opinion he/she is
Fit / unfit for the activities in the above school.

Signature: _____

Date: _____

Full Name: _____

Designation: _____

Postal Address: _____

Telephone/Mobile No: _____

Official Rubber Stamp: