

LAIKIPIA



UNIVERSITY

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

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OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

APPLICATION FOR SELF-SPONSORED/REGULAR/IN-SERVICE DIPLOMA PROGRAMMES

Affix
passport
size photo

INSTRUCTIONS FOR PRINTING: TO ENSURE THAT THE WHOLE PAGE IS PRINTED SET THE PRINTER PAGE SETTING TO SIZE A4

NOTES:

- (i) This form should be typed or completed in **BLOCK LETTERS** and returned to:
The Registrar (AA) Laikipia University, P.O. Box 1100 – 20300, NYAHURURU
- (ii) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID Card**
- (iii) The applicant is required to fill Sections, A, B, C and D
- (iv) Attach **ORIGINAL** receipt for **Kshs. 1000** application fee.
- (v) Attach one passport size photos.

Payments may be made by bankers' cheque payable to Laikipia University or banked in any of the following banks:

Co-operative Bank of Kenya: Account Name: Laikipia University

Account Number: 01129501778000

Kenya Commercial Bank: Account Name: Laikipia University

Account Number: 1101909080

Equity Bank: Account Name: Laikipia University

Account Number: 0160295840456

SECTION A: PERSONAL DATA

1. Name:

(Surname)

(Other names in full)

2. Date of Birth:Sex.....

3. Citizenship:

4. National ID. No. : Passport No.

5. Marital Status:6. Religion:

7. Contact Address:

Telephone Number:Mobile No.....

8. Email:

9. Next of Kin:Relation:

Permanent/Home Address:

Telephone No:

SECTION B: ACADEMIC HISTORY

10. (a) Secondary School(s) attended and Qualifications obtained.

School	From	To	Qualifications Obtained

(b) Other relevant Qualifications.

Institution attended	From	To	Certificate Awarded

(c) State any relevant academic/professional qualifications or experience.

.....

SECTION C: CHOICE OF PROGRAMMES

11. (a) State the degree course(s) for which you wish to be considered for admission in order of preference.

First

Second

(b) Indicate mode of study (tick one below)

Full time Evenings & Weekends School Based Open & Distance Learning

(c) Indicate the intake (tick one below)

January April May August September December

(d) Indicate which campus you intend to pursue your studies (Laikipia, Nyahururu, Nairobi, Naivasha, and Maralal)

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(e) Have you ever been admitted to Laikipia University previously (YES/NO?)

If YES, Indicate old registration No.....

Give reasons for applying afresh.....

.....

SECTION D: DECLARATION

12. I certify that the information given in this application form is correct to the best of My knowledge

Signed: **Date:**

13. (a) **Name of Employer (if any):**

(b) Recommendation:

.....

Designation:.....**Signature:**.....

(Official Stamp)

SECTION E: FOR OFFICIAL USE ONLY

14. (a) Recommendation of the Head of Department

Recommended/Not Recommended

Comments:

Signed: **Date:**

C.O.D. & Official Stamp)

(b) Recommendation of Dean of Faculty

Recommended/Not Recommended

.....

Signed: **Date:**

(c) Recommendation of Deans Committee

Recommended/Not Recommended

Signed: **Date:**

(d) Approval

Signed:**Registrar (AA) Date:**