

	OFFICE OF THE REG	15 I RAR, ACADEMIC AFFAIRS	
Tel: 254-057-51622, 5162	20, 51008, 51011		Private Bag
Fax: 254-057-51221, 511	53		MASENO
			www.maseno.ac.ke
AFFIX PASSPORT			
SIZE PHOTO			
SIZE PHOTO			
		Applic	ation No.
NOTE			
NOTE:  i. That the comple	ated form should be submitted	ted to the ACADEMIC REGISTR	AD MACENO LINIL/EDCITY
PRIVATE BAG,		led to the ACADEMIC NEGISTN	AIN, WASLING UNIVERSITT,
•		copies of their certificates/trans	scripts. Identity Card/Waiting
		Application Fee and School Leav	
		of interest whether: eCampus(eLe	
		h), Homa-Bay ( <b>Day,Weekend/S</b>	<b>Sandwich</b> ) or Maseno Main
Campus (Regula		at a d	
	sful candidates will be conta		ortificatos
v. That the names	appearing on this form shoul	d be the same as those on your c	ertificates.
1. PERSONAL DETAILS			
Surname/Family Name:			
Other Names:			
Date of Birth:	<u> </u>	_	
	Day Month Year		
Gender:	Male Female		
Marital Status:	Single Married		
Nationality:	_		
Country of Residence:			
Telephone:		Email:	
•			
, is a root for contropolition			



DEGREE: \_\_\_\_\_ FACULTY: \_\_\_\_\_

DEGREE: \_\_\_\_\_\_ FACULTY: \_\_\_\_\_

State two (2) degree courses for which you wish to be considered in order of preference.

2. DEGREE OF CHOICE:

FIRST CHOICE:

SECOND CHOICE:



#### 3. ACADEMIC BACKGROUND:

i. KENYA CERTIFICATE OF SECONDARY EDUCATION (KCSE)/KCE/EACE or Equivalent Examination passed. Candidates offering alternative qualifications must attach copy (ies) of certificate(s).

Last Secondary/High School attended:		
Date of Admission://	•	
Year of Examination:	Index Number:	
Examination body:		
MEAN GRADE:		
SUBJECT	GRADE	
High School Attended: Date of Admission://	Date of Graduation:/	cable)
Year of Examination:	Index Number:	
Examination Body:		
Result: Principle Pass (es):	Subsidiary Pass (es):	
SUBJECT GRADE		
	<del></del>	



Dates

Award

#### 4. PROFESSIONAL OR OTHER QUALIFICATION (s)

Where obtained

Qualifications

Give details where obtained, dates and certificate(s) awarded. (Attach documentary proof).

	MENT HISTORY:			
List all releva	ant work experienc	e: previous and cur	rent.	
Date of Em	ployment	Job Title		
From	То			
	•	pplicable only to d	•	
Give names,	contacts and des	ignation of two refer	ees.	
DEEEDEE 4				
REFEREE 1	d . A . d . d			
name, mie a	and Address:			
Tel:			Email:	
. •	·			
REFEREE 1				
Name, Title a	and Address:			
Tel:	Fa	3X:	Email:	
		• •	•	support here of are true, correct and
-	•		•	nat providing incorrect information of
•		•	, , ,	er of a place and that withdrawal ma
take place at	any stage during	the course of study.		
Cianatura of	Applicant		Data	
Signature of	Applicant		Date://	<u></u>



#### **FOR OFFICIAL USE ONLY**

ACADEMIC DIVISION USE:	OFFICIAL STAMP					
RECEIPT OF APPLICATION FORM						
Date of receipt://						
Name of officer receiving:						
Signature:						
Recommendation of Head of Department	:					
Name of H.O.D:	Signature:	Date:	/_	/		
Recommendation of the Dean/Director of School/Faculty:						
Name of Dean/Director:	Signature:	Date:	1	1		
Name of Beam Birector.	Oignature.	Dato				
Recommendation of Admissions Board:						
Admitted/Not Admitted for:						
Degree/Diploma/Certificate:						
Deferred until:						
	•					

**NOTE:** The University reserves the right to request and obtain further information from any educational institution or employer which may be required to confirm or clarify your suitability for the courser applied for.