



*Official Use Only*  
Receipt No \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

## KIBABII UNIVERSITY COLLEGE

(A Constituent College of Masinde Muliro University of Science and Technology)

Tel: 020-2028660 / 0708-085934 / 0734-831729  
P.O. Box 1699-50200  
Bungoma  
Kenya

E-mail: [enquiries@kibabiiuniversity.ac.ke](mailto:enquiries@kibabiiuniversity.ac.ke)

Website: <http://www.kibabiiuniversity.ac.ke>

### Office of the Registrar (Academic Affairs)

#### APPLICATION FOR ADMISSION 2014/2015

#### BRIDGING IN MATHEMATICS

##### (I) PERSONAL DATA

1. Applicants Name: \_\_\_\_\_  
Surname First Name Middle Name
2. Postal Address: \_\_\_\_\_  
Box Postal Address Town/City
3. Telephone \_\_\_\_\_
3. Date of birth: \_\_\_\_\_
4. Nationality: \_\_\_\_\_
5. Gender: \_\_\_\_\_
6. County: \_\_\_\_\_ District: \_\_\_\_\_
7. Constituency: \_\_\_\_\_ ID No: \_\_\_\_\_
8. E-mail Address: \_\_\_\_\_

##### (III) SECONDARY SCHOOL EDUCATION (Attach copies of Result Slip or Certificate.)

SCHOOL	FROM (YEAR)	TO (YEAR)	QUALIFICATION/GRADE OBTAINED (KCE, KACE/ KCSE)

##### (V) WORK/PROFESSIONAL EXPERIENCE

JOB TITLE	EMPLOYER	FROM	TO

(VI) **MODE OF STUDY**

TIME FOR STUDY	TICK (✓) THE ONE APPLICABLE
Full-time	
Part-time	

(VII) **FINANCES**

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

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY	
Admission recommended: _____	Admission not recommended: _____
Programme: _____	
Comment: _____	
SIGNATURE: _____ COD, MATHS	DATE _____
SIGNATURE: _____ Dean, FS	DATE _____

Dully filled application forms should be returned to:

The Registrar, Academic Affairs

Kibabii University College,

P.O. Box 1699 - 50200,

**BUNGOMA.**

Tel. 020-2028660/0708085934/0734831729

Kenya commercial bank :11 37 40 83 75

Application fee is Kshs. 500 to the above account number.