



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

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

Office of the Registrar (Academic Affairs)

APPLICATION FOR ADMISSION 2014/2015

CERTIFICATE OF PROFICIENCY IN COMPUTER APPLICATION

(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, IT	DATE _____
SIGNATURE: _____ Dean, SCAI	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.