



KIBABII UNIVERSITY COLLEGE

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

P.O. Box 1699-50200 Bungoma, Kenya

Tel. 020-2028660/0708-085934/0734-831729

E-mail: enquiries@kibabiiuniversity.ac.ke

OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

KASNEB APPLICATION FOR ADMISSION FORM

(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: _____

(11) **PROGRAMME APPLIED FOR** *(Tick one)*

TICK (✓) AS APPROPRIATE

ATC (SPECIFY)	CPA (SPECIFY)

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

SCHOOL	FROM (YEAR)	TO (YEAR)	MEAN GRADE OBTAINED AT(KCE, KACE/ KCSE) INDICATING GRADES IN ENGLISH/MATHEMATICS OR BUSINESS STUDIES

(VI) **MODE OF STUDY**

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

(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, CSW	DATE _____
SIGNATURE: _____ Dean, FESS	DATE _____

Dully filled application forms should be returned to:

The Principal,
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 for ATC and Ksh. 1000 for CPAs to the above account number.