



KIBABII UNIVERSITY
Office of the Registrar (Academic Affairs)
APPLICATION FOR ADMISSION FORM
CERTIFICATE/DIPLOMA PROGRAMMES

1. PERSONAL DATA

- (i) Applicant's Name:.....
- (ii) Postal Address:..... Town:..... Code:.....
.....
Tel:..... Email:.....
- (iii) Date of Birth:.....
- (iv) Nationality:.....
- (v) Gender: Male: Female:
- (vi) Marital Status: Married Single:

2. Certificate /Diploma programme applied for:.....

.....
Option/Combination.....

3. Academic Year:.....

4. Preferred Centre: e.g. Main Campus Town L.C Lodwar L.C

5. Mode of Study: Full time: Evening:
Weekend: School Based:

6. Record of Secondary Education (Must attach copies of result slips and/or certificates)

School/Faculty	From (Year)	To (Year)	Certificate Obtained



7. Post Secondary Education (Must attach copies of results slips and certificates)

Institution/Polytechnic/University	From (Year)	To (Year)	Area of Study	Qualification

8. Work/Professional Experience

Job Title.	Employer	From	To

9. Please indicate how you intend to finance your studies.

Private financial source (please state).....

Other financial sources (please state).....

10. How did you get to know of Kibabii University (e.g. through a friend, through a newspaper advert, website etc).....

Signature of Applicant:..... Date:.....

FOR OFFICIAL USE ONLY	
Admission recommended:.....	Admission not recommended:.....
Programme:.....	
SIGNATURE:.....	DATE:.....
DEAN SCHOOL/FACULTY OF:.....	

Application forms should be returned to:
 The Admissions Office
 Kibabii University
 P.O. Box 1699 – 50200
 BUNGOMA
 Tel: 020–2028660/0708–085934/0734 831 729



Kibabii University ISO 9001:2015 Certified