



Office of the Registrar (Academic Affairs)
**APPLICATION FOR ADMISSION FORM
 UNDERGRADUATE PROGRAMMES**

1. PERSONAL DATA

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

2. Degree 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	Form	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:.....

Degree Programme:.....

SIGNATURE:..... DATE:.....

DEAN SCHOOL/FACULTY OF:.....

Application forms should be returned to:

The Admission Office
Kibabii University
P.O. Box 1699 – 50200
BUNGOMA
Tel: 020
–2028660/0708–085934/0734 831 729



Kibabii University ISO 9001:2015 Certified