



UZIMA UNIVERSITY

P.O. Box 2502-40100 Kisumu –Kenya
Phone: +254703727660/+254739387903

Website: www.uzimauniversity.ac.ke, Email: registrar@uzimauniversity.ac.ke

APPLICATION FORM FOR ADMISSION INTO UZIMA UNIVERSITY FOR DIPLOMA/ UNDERGRADUATE STUDIES.

Affix one of
your current
passport size
photographs
here.

APPLICATION REF NO:

APPLICATION RECEIPT NO:

Notes:

- i. Read the instructions carefully before filling this form.
- ii. This form should be typed or completed in block letters and returned to the **Registrar Academic affairs Uzima University P.O.Box 2502-40100 Kisumu-Kenya.**
- iii. Attach 2 certified copies of your academic/professional certificates /result slips. 4 Passport size photographs; 2 copies of National identity card (passport and Visa for foreign students), Birth Certificate, original payment slip of 1500/= non refundable fee paid to Uzima University - **Equity Bank A/c Name: UZIMA UNIVERSITY, A/c. No. 1260260593519; Branch: – Ang’awa Avenue – Kisumu OR Chase Bank Account No. 0152171199003.**

SECTION A. – COURSE APPLICATION DETAILS.

- 1. Name of the course applied for
- 2. Faculty/School.....

SECTION B- APPLICANT’S PERSONAL DETAILS.

- 1) Name.....
(Surname) (Other names in full.)
- 2) Postal address
- Postal Code.....Town/City.....Country.....
County.....
- Telephone.....fax.....Email.....
- 3) Date of Birth.....
- 4) Gender.....Nationality.....
Marital Status.....Religion.....I.D/PP No’.....
- 5) Person responsible for paying fee: Relationship.....
Name

Postal address.....

Postal Code..... Town/City.....Country.....

Telephone.....fax.....Email.....

I undertake to pay full fee Signature.....

6) Emergency contact.....

Postal address.....

Postal Code.....Town/City.....Country.....

Telephone.....fax.....EMail.....

SECTION C. - APPLICANT'S ACADEMIC PROFILE.

Kindly list all the schools and colleges attended.

No'	Name of the Institution	Postal address	Year of entry	Year of graduation	Academic qualification obtained	Index No/Exam Reg. No.

Attach 2 certified copies of certificates of academic awards, transcripts and result slips.

SECTION D. - APPLICANT'S PROFESSIONAL PROFILE.

No.	Name of the institution	Postal address	Years of service	Designation	Any relevant information.

SECTION E. – APPLICANT’S REFEREES

- 1) NameDesignation
- Postal address
- Postal Code.....Town/City.....Country.....
- Telephone.....fax.....E-Mail.....
- Signature date.....
- 2) NameDesignation
- Postal address
- Postal Code.....Town/City.....Country.....
- Telephone.....fax.....E-Mail.....
- Signature date.....

One of the referees must either be a credible religious leader or administrative officer (politicians are not acceptable in this case as referees)

DECLARATION OF CLERICAL/ RELIGIOUS STATE.
TO BE FILLED BY THE CLERGY AND RELIGIOUS OF THE ROMAN CATHOLIC CHURCH ONLY.

NameNationality

Religious Order/Diocese.....

Designation

Date of Ordination or profession.....

Name of the Ordinary.....

Postal address

Postal Code.....Town/City.....Country.....

Telephone.....fax.....E-Mail.....

Signature of the Ordinary.....date.....

Ithe undersigned declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

I.D/ passport Number.....

Signature..... Date.....

1. The acknowledgement of the receipt of the application form:

Signed Date and stamp.....
Academic Registrar.

2. Recommendation by the head of Department. ACCEPT/REJECT.

Signed Date and stamp.....

3. Recommendation of the School/faculty: ACCEPT/REJECT.

Signed Date and stamp.....
Director of the School/Dean of Faculty

4. Endorsement by the DVC Academic affairs. ACCEPT/REJECT.

Signed Date and stamp.....