

UZIMA UNIVERSITY

P.O. Box 2502-40100 +254703727660+254739387903; +254101689440 Kisumu –Kenya

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

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

	ON REF NO' ON RECEIPT NO'	Affix one of your current passport
Notes		size photographs
i.	Read the instructions carefully before filling this form.	here.
ii.	This form should be typed or completed in block letters and returned to Registrar Academic Affairs UZIMA UNIVERSITY P.O. Box 250% Kisumu-Kenya.	
iii.	Attach 1 certified copy of your academic/professional certificates /restranscripts. 2 Passport size photographs; 1 copies of National is (passport and Visa for foreign students), Birth Certificate, original past 1500/= non-refundable fee paid to UZIMA UNIVERSITY- EQU. Bank A/c Name: UZIMA UNIVERSITY, A/c. No. 1260260593519 Ang'awa Avenue - Kisumu.	dentity card yment slip of ITY BANK
j	i.Name of the course applied for i.Faculty/School	
1)	Name (Surname) (Other names in	
2)	Postal address	
	Postal CodeTown/CityCountry	•••••
	TelephonefaxE-Mail	•••••
3)	Date of BirthGenderNationality	<i>y</i>
	Manital Status Daligian I D/DD No.	

4)	Person responsible for paying fee: Relationship
	Name
	Postal address
	Postal Code Country Country
	TelephonefaxE-Mail
	I undertake to pay full fee Signature
5)	Emergency contact
	Postal address
	Postal CodeTown/CityCountry
	TelephonefaxE-Mail

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 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)	Name	Designation .	•••••
	Postal address	•••••	
	Postal CodeTown/G	City	Country
	Telephonefa	xE-Ma	ail
	Signature	date	
2)	Name	Designation .	
	Postal address	••••••	
	Postal Code Town/	City	Country
	TelephoneFa	xE-M	ail
	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)

SECTION F: DECLARATION OF CLERICAL/ RELIGIOUS STATE(FOR RELIGIOUS APPLICANTS ONLY)

TO BE FILLED BY THE CLERGY AND RELIGIOUS OF THE ROMAN CATHOLIC CHURCH ONLY.				
Name	Nationality			
Religious Order/Diocese				
Designation				
Date of Ordination or profession				
Name of the Ordinary				
Postal address				
Postal Code Town/City County				
TelephonefaxE-Mail				
Signature of the Ordinary	date			
SECTION F. STUDENT'S DECLARAT				
I				
I.D/ passport Number				
SignatureDate	••••••			
ADDITIONAL DATA				
How did you learn about UZIMA UNIVERSI ☐ University Website ☐ Television/Radio ☐ News Paper ☐ Bishop/Religious Superiors	TTY? ☐ Exhibitions and Recruitment fairs ☐ Career Day Programmes ☐ Family and Friends ☐ Any Other (Specify)			

SECTION. G. - APPRAISAL- (for official use only)

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			
Head of Department.			
3. Recommendation of the School/faculty:			
ACCEPT/REJECT.			
Signed Date and stamp			
Dean of School			
4. Endorsement by the DVC, Academics.			
ACCEPT/REJECT.			
Signed Date and stamp			
DVC, Academics.			