LU/RAA/F22



P.O. Box 1100-20300, NYAHURURU, KENYA



UNIVERSITY

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Affix passport size photo

OFFICE OF THE REGISTRAR

(ACADEMIC AFFAIRS)

APPLICATION FOR SELF-SPONSORED/REGULAR/IN-SERVICE CERTIFICATE PROGRAMMES

instructions for printing: to ensure that the whole page is printed set the printer page setting to size $\bf A4$ **NOTES:**

- (i) This form should be typed or completed in **BLOCK LETTERS** and returned to: The Registrar (AA) Laikipia University, P.O. Box 1100 20300, NYAHURURU
- (ii) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID** Card
- (iii) The applicant is required to fill Sections, A, B, C and D
- (iv) Attach ORIGINAL receipt for Kshs. 500 application fee.
- (v) Attach one passport size photos.

Payments may be made by bankers' cheque payable to Laikipia University or banked in any of the following banks:

Co-operative Bank of Kenya: Account Name: Laikipia University

Account Number: 01129501778000

Kenya Commercial Bank: Account Name: Laikipia University

Account Number: 1101909080

Equity Bank: Account Name: Laikipia University

Account Number: 0160295840456

SECTION A: PERSONAL DATA

1. Name:		
(Surname)	(Other names in full)	
2. Date of Birth:	Sex	••
3. Citizenship:		
4. National ID. No.:	Passport No	
5. Marital Status:	6. Religion:	••
7. Contact Address:		••
Telephone Number:	Mobile No	•
8. Email:		•





9. Next of Kin:Relation:Relation:						
Permanent/Home Address:						
Telephone No:	•••••					
•						
SECTION B: ACADEM	HC HISTORY					
10. (a) Secondary School(s) attended and Qualifications obtained.						
School	From	То	Qualifications			
			Obtained			
(b) Other relevant Qualific	cations					
Institution attended	From	То	Certificate Awarded			
(c) State any relevant academic/professional qualifications or experience.						
		••••••	•••••			
SECTION C: CHOICE			1			
11. (a) State the certificate course(s) for which you wish to be considered for admission in order of						
preference.						
First						
Second						
(o) molecule mode of study (liek one serow)						





Full time Evenings & Weekends
(c) Indicate the intake (tick one below)
January May September
(d) Indicate which campus you intend to pursue your studies (Main, Nakuru)
(e) Have you ever been admitted to Laikipia University previously (YES/NO)
If YES, Indicate old registration No
Give reasons for applying afresh
SECTION D: DECLARATION 12. I certify that the information given in this application form is correct to the best of my knowledge Signed: Date:
13. (a) Name of Employer (if any):
(b) Recommendation:
Designation:Signature:
(Official Stamp)
SECTION E: FOR OFFICIAL USE ONLY
14. (a) Recommendation of the Head of Department
Recommended/Not Recommended
Comments:
Signed: Date:
(b) Recommendation of Dean of Faculty
Recommended/Not Recommended
Signed: Date:
Recommended/Not Recommended
Signed: Date:
(d) Approval
Signed:



