LU/RAA/F05



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



## UNIVERSITY

TEL: +254-(0) 20 2671779, 20-2671771; Cell: +254 0729285902, 0729281902 raa@laikipia.ac.ke; www.laikipia.ac.ke

Affix passport size photo

## OFFICE OF THE REGISTRAR

(ACADEMIC AFFAIRS)

## APPLICATION FOR SELF-SPONSORED/IN-SERVICE DIPLOMA 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. 1000 application fee.
- (v) Attach one passport size photos.

SECTION A: PERSONAL DATA

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 SWIFT CODE: KCOOKENA

Kenya Commercial Bank: Account Name: Laikipia University

Account Number: 1101909080 SWIFT CODE:KCBLKENX

Equity Bank: Account Name: Laikipia University

Account Number: 0160295840456 SWIFT CODE:EQBLKENA

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:	••••
Permanent/Home Address:		





Telephone No:						
SECTION B: ACADEMI						
10. (a) Secondary School(s	s) attended and Qualifications From	s obtained.	Qualifications Obtained			
School	FIOR	10	Quamications Obtained			
(b) Other relevant Qualific Institution attended	From	То	Certificate Awarded			
(c) State any relevant acad	emic/professional qualification	ons or experience.	1			
•••••						
SECTION C: CHOICE OF PROGRAMMES						
11. (a) State the degree course(s) for which you wish to be considered for admission in order of preference.						
First						
Second						
(b) Indicate mode of study	(tick one below)					
Full time Evenings & Weekends						
(c) Indicate the intake (tick	cone below)					
January April May August September December						
(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:
(b) Recommendation of Dean of Faculty
Recommended/Not Recommended
Signed: Date:
(c) Approval
Signed:Registrar (AA) Date:



