



Official Use Only

Receipt No _____

Date _____

Signature _____

**MASINDE MULIRO UNIVERSITY OF SCIENCE & TECHNOLOGY
PRIVATELY SPONSORED STUDENTS PROGRAMME
APPLICATION FORM FOR ADMISSION TO BACHELORS DEGREE PROGRAMMES
(UNDERGRADUATE)**

NOTE:

- i. That the completed form should be submitted to the Director, Privately Sponsored Students Programme, MMUST, P.O. Box 190- 50100 Kakamega.
- ii. That all applicants must attach copies of their result slips certificates/transcripts and original receipt of application fee (Kshs. 1000) payment to National Bank – Kakamega A/c No. **0100370554000**.
- iii. That applicants must indicate the Campus /Study Centre.: Kakamega – Main campus. Other study centers; (Nairobi / Bungoma / Webuye/Kobujoi / Bumbe / Nambale / Mumias / Kakuma Refugee Camp / Bukura / Eburnangwe / Sang'alo / VIP Nairobi / Mt. Elgon / Kaimosi)

SECTION A: Course Application Details (Tick/Complete appropriately)

NAME OF PROGRAMME				
SUBJECT COMBINATION (for education students)	i)	ii)		
MODE OF STUDY	<input type="checkbox"/> Full time	<input type="checkbox"/> School Based	<input type="checkbox"/> Evening/Weekend	<input type="checkbox"/> Part-time
	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Upgrading	<input type="checkbox"/> Institution Based	<input type="checkbox"/> Direct Entry
CAMPUS / STUDY CENTRE				

SECTION B: Applicants Personal Details

- i) Name:
(Surname) (First name) (Other names)
- ii) Postal Address:
Postal code..... City/Town..... Country.....
Mobile Fax..... E-mail.....
- iii) Date of Birth (DD/MM/YYYY)..... Gender.....
Marital Status:..... Nationality:..... Religion:.....
National I.D..... Passport No:.....
- iv) Name of Next of Kin:..... Relationship:.....
Postal Address:.....
Postal Code:..... City/Town..... Country:.....
Telephone:..... Fax:..... Email:.....
- v) Emergency Contact:.....
Postal Address:.....
Postal Code:..... City/Town:..... Country:.....
Telephone:..... Fax:..... Email:.....

SECTION C: Applicant's Education Background

Please list colleges / schools you have attended (start with the highest)

POST SECONDARY & SECONDARY SCH ATTENDED	FROM (YEAR)	TO (YEAR)	AREA OF STUDY	QUALIFICATION ATTAINED	INDEX NO. / EXAM REG NO.

*PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS.***SECTION D: Applicant's Working Experience**

JOB TITLE	EMPLOYER	FROM	TO

SECTION E: Applicant's Declaration

Please indicate by ticking (✓) how you intend to finance your study

- Through:
- (i) Parent _____ []
- (ii) Self _____ []
- (iii) Sponsor _____ []
- (iv) Other (please specify) _____ []

I declare that all statements on this application form and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any other offer of a place and that this withdrawal may take place at any stage during the course of study.

Signature of Applicant _____ Date _____

SECTION F: Evaluation

FOR OFFICIAL USE ONLY	
Admission recommended: _____	Admission not recommended: _____
Degree Programme: _____	
Comment: _____	

SIGNATURE: _____	
DEAN OF SCHOOL / FACULTY	DATE

For any enquiries please contact:

Tel. 056-30872 E-mail: pssp@mmust.ac.ke