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Date \_\_\_\_\_

Signature \_\_\_\_\_

**MASINDE MULIRO UNIVERSITY OF SCIENCE & TECHNOLOGY**

**SCHOOL OF OPEN LEARNING AND CONTINUING EDUCATION (SOLACE)**

**PRIVATELY SPONSORED STUDENTS PROGRAMME**

**APPLICATION FORM FOR ADMISSION TO DIPLOMA AND CERTIFICATE PROGRAMMES**

**NOTE:**

- i. That the completed form should be submitted to the Director, SOLACE, MMUST, P.O. Box 190Kakamega-50100.
- ii. That all applicants must attach copies of their result slips, certificates and original receipt of application fee of Ksh 500/=. Payment be made to National Bank – Kakamega A/c No. 010037055400.
- iii. That applicants must indicate the Campus /Study Centre.: Kakamega – Main Campus :Study centers; (Nairobi / Bungoma / Webuye/ Mumias )

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

<b>NAME OF PROGRAMME</b>	
<b>SPECIALIZATION</b> (Applicants for Diploma in Business Management)	
<b>MODE OF STUDY</b>	[ ] Full time                      [ ] Evening                      [ ] Distance Learning
<b>CAMPUS / STUDY CENTRE</b>	

**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: .....

**SECTION C: Applicant's Education Background**

Please list Colleges / Schools you have attended (Start with the highest)

POST SECONDARY & SECONDARY SCHOOLS 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 Declaration**

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

- By:
- (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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION E: Evaluation**

For any enquiries please contact:

Tel. 056-31740 E-mail: [solace@mmust.ac.ke](mailto:solace@mmust.ac.ke)

<b>FOR OFFICIAL USE ONLY</b>	
Admission recommended: _____	Admission not recommended: _____
Programme: _____	
Comment: _____	
SIGNATURE: _____ COD	DATE _____
SIGNATURE: _____ Director, SOLACE	DATE _____