

CHUKA

Telephones: 020 2329073



UNIVERSITY

P.O. Box 109-60400

Chuka

AFFIX CURRENT
PASSPORT
PHOTO HERE

OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

**APPLICATION FORM FOR SELF-SPONSORED UNDERGRADUATE DEGREE _____ DIPLOMA _____ AND
CERTIFICATE _____ PROGRAMMES (tick as appropriate)**

NOTES:

a) This form should be completed and returned to the REGISTRAR (ACADEMIC AFFAIRS), CHUKA

UNIVERSITY P.O. BOX 109 -60400, **CHUKA**, on or before the closing date as advertised.

b) Sections A, B, C and D of this form should be completed in Block Letters.

Ensure that you attach the Following;

c) Certified copies of your Result Slip, Certificates and Transcripts.

d) ORIGINAL RECEIPT (Application Fee): KShs. 2,000 for Degree and Undergraduate Diploma Programmes and Kshs. 1,000 for Certificate Programmes: Payable to: Account Name; Chuka University, Kenya Commercial Bank; Acc. No: 1103755439, Equity Bank; Acc. No: 0210261453469 OR Cooperative Bank; Acc. No: 0112905818990.

e) Copy of your National ID Card or Birth Certificate.

SECTION A: PERSONAL DATA

Name:
(Surname) (Other names in full)

Date of Birth: Sex: Marital Status: Religion:

Nationality		ID/Passport No	
County		Phone No	
District		P.O. Box	
Constituency		Town	
Email Address		Postal Code	

SECTION B: ACADEMIC HISTORY

a) Secondary school attended	Year	Grade
Other Relevant Qualifications		
b) Institution Attended	Year	Qualification/Award

c) State any relevant academic/professional qualifications or experience.....

SECTION C: CHOICE OF COURSES

State the course(s) for which you wish to be considered for admission.

State whether you are applying for Degree/Diploma/Certificate: _____			
Write below, the title of the courses you are applying for;	Mode of Study		
	SSP/REGULAR	Evening/weekend	Sch.Based mode
First:			
Second:			
Preferred Campus (Chuka, Chogoria, Embu, Igembe) and intake (January, April, May, August, September & December)			

a) Have you ever been admitted to Chuka University previously (YES/NO)? _____
 If YES, indicate the previous Registration number.....
 Give reasons for applying afresh.....
 Indicate how you intend to finance your studies.....

SECTION D: DECLARATION

I certify that the information given in this application is correct to the best of my knowledge.

Sign Date.....

b) Name of Employer (if any).....

Recommendation Sign.....

E) FOR OFFICIAL USE ONLY

a) Recommendation of the Head of Department (Recommended ____ Not Recommended ____)

Comments.....

Sign..... Date.....

b) Recommendation of the Dean of Faculty (Recommended ____ Not Recommended ____)

Comments.....

Sign..... Date.....

c) Recommendation of the Deans Committee (Recommended __ Not Recommended __)

Comments.....

Registrar (AA)

Sign..... Date.....

