

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.
- c) **Ensure that you attach the Following;**
Certified copies of your Result Slip, Certificates and Transcripts, ORIGINAL RECEIPT (Non-refundable application Fee): KShs. 2,000 for Degree Programmes/Undergraduate, Diploma Programmes and Kshs. 1,000 for Certificate Programmes: Payable to: Account Name; Chuka University, Kenya Commercial Bank: 1103755439, Cooperative Bank: 01129058189900, Equity Bank: 0210261453469, Family Bank Ltd: 054000002 641, Standard Chartered Bank: 0102024755200, Barclays bank Ltd: 2035727666.
- e) Copy of your National ID Card or Birth Certificate.

SECTION A: PERSONAL DATAName:
(Surname) (Other names in full)

Date of Birth: Gender: Marital Status: Religion:

Nationality		ID/Birth certificate/ Passport No	
County		Phone No	
Sub-County		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

Course(s) 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			
	REGULAR	EVENING/ WEEKEND	OPEN DISTATANCE E-LEARNING(ODEL)	PARTTIME
First choice :				
Second choice:				
Preferred Campus (Chuka (Main), Chogoria, Embu, Igembe) Intakes (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 who is 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.....

SECTION 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.....

Official stamp

c) Recommendation of the Deans Committee/ Registrar (AA) (Recommended __ Not Recommended __)

Comments.....

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

Official stamp

