

APPLICATION REF. NO

APP. FEE RECEIPT. NO

Affix one of your
Current passport
size photograph
here

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Fax: +254-2-245566
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University of Nairobi

APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE STUDIES (SELF-SPONSORED STUDENTS)

(Two copies of this form should be completed and returned/sent to the Academic Registrar (Admissions). The form should be typed or completed in Block letters. Attach two passport size photographs, 2 copies of Result Slips / or Certificates and any other supporting documents).

SECTION A – Course Application Details

- i) Name of Certificate/Degree/Diploma course applied for
- ii) Department (*where applicable*)
- iii) Faculty/ School/Institute.....
- iv) College

SECTION B – Applicant’s Personal Details

- i) Name
(Surname) (Other Names in full)
- ii) Postal Address

Postal Code.....	Town/City.....	Country.....
Telephone	Fax	E-Mail

- iii) Date of Birth (*DD / MON / YYYY*) Gender:

Marital Status	Nationality	Religion.....
National I.D.....	Passport No	

- iv) Name of Next of Kin Relationship

Postal Address		
Postal Code.....	Town/City.....	Country.....
Telephone	Fax	E-Mail

- v) Emergency contact

Postal Address		
Postal Code.....	Town/City.....	Country.....
Telephone	Fax	E-Mail

SECTION C – Applicant’s Education Background

Please list all school/colleges you have attended:

Sec & Post –Sec Schools	Address of School	From	To	Qualifications Obtained	Index No. / Exam Reg.No.

PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS.

SECTION D – Applicant’s Working Experience

Record of Employment

YEAR		EMPLOYER	DESIGNATION	NATURE OF ASSIGNMENT
FROM	TO			

SECTION E – Applicant’s Referees

Give names and addresses of two referees.

- i) Name
- Postal Address
- Postal Code..... Town/City..... Country.....
- Telephone Fax E-Mail
- ii) Name
- Postal Address
- Postal Code..... Town/City..... Country.....
- Telephone Fax E-Mail

SECTION F – Applicant’s Declaration

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicant’s Full Name..... ID/Passport No.....

Date..... Applicant’s Signature.....

SECTION G – Evaluation (For official use only)

i). Application form received:

Signed Date and Stamp:
Academic Registrar

ii). Recommendation of Department : ACCEPT/REJECT

Signed Date and Stamp:
Chairman, Department of

iii). Recommendation of Faculty/School/Institute: ACCEPT/REJECT

Signed Date and Stamp:
Dean/Director, Faculty/School/Institute of.....

iv). Recommendation of College: ACCEPT/REJECT

Signed Date and Stamp:
Principal, College of.....

v). Approval by Deans' Committee: ACCEPT/REJECT

Signed Date and Stamp:
Chairman, Deans' Committee