



## KENYA METHODIST UNIVERSITY

Main Campus, Meru; P.O BOX 267 - 60200 , Meru —Kenya, Tel: 254-064-31206, 0724256162, 0734310655

Nairobi Campus: P.O BOX 45240 - 00100, GPO, Nairobi . Tel: 254-020-248172, 0725751878, 0735701311

Mombasa Campus: P.O. BOX 89983—80100 , Mombasa . Tel: 0748414998, 0743084019

### APPLICATION FOR ADMISSION

1. Read each item carefully before filling in any information
2. Complete all appropriate sections in capital/block letters
3. Return with non-refunded application fee of Kshs . 1,000 for Kenyan Citizens or 20 US Dollars for Non-Kenyan Citizens
4. Attach 1 passport size photograph (write your name on the reverse side)
5. Attach a copy of National ID/Passport, copies of academic/professional Certificates and transcripts where applicable.

For official use only

Receipt No.

#### SECTION A: PERSONAL DATA

Name: <i>(as it appears in other academic documents)</i>		
Date of Birth: Day / Month / Year	Gender: Female ( ) Male ( )	Home County: Sub - County:
Nationality: Religion:	Marital Status: Denomination:	National ID No.: Passport No.:
<b>Permanent Address</b>		
P.O. BOX	Code:	City/Town:
Phone:	E-mail:	
Current Address (if different from above)		
P.O. BOX	Code:	City/Town:
Phone:	E-mail:	
<b>Next of Kin or Guardian's contact incase of emergency</b>		
Name:		Relationship:
P.O. BOX	Code:	City/Town:
Phone:	Alternative Phone:	E-mail:
<b>Financial Information</b>		
How do you expect to meet the financial expenses for study while at KEMU?/Self/parent/guardian/sponsor)		
Name (if not self)		Relationship:
Address:	Phone:	E-mail
<b>ADDITIONAL INFORMATION</b>		
Do you have any form of disability (Abled differently) ?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes above, explain briefly and attach Disability Certificate to this application		

#### SECTION B: ACADEMIC PROFILE

List of school/college/University attended. Attach copies of all academic certificates and transcripts

NAME OF INSTITUTION	FROM (YEAR)	TO (YEAR)	GRADE/ CLASSIFICATION AWARDED	INDEX NO/REGISTRATION NO

## SECTION C: ACADEMIC PROGRAMME APPLIED FOR:

1st Choice Programme				
2nd Choice Programme				
3rd Choice Programme				
Specify mode of study	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Distance/Online learning <input type="checkbox"/>	
Specify Campus of preference	Main Campus <input type="checkbox"/>	Nairobi Campus <input type="checkbox"/>	Mombasa Campus <input type="checkbox"/>	Meru Town Centre <input type="checkbox"/>

Preferred Trimester of Enrolment: Trimester 1 (Jan)  Trimester 2 (May)  Trimester 3 (Sept)  Year : .....

## ADDITIONAL INFORMATION

Indicate who referred you or how you learnt about Kenya Methodist University

University Website  Prospectus  Newspapers  Television  Social Media  Career Day

Exhibitions  Radio  High school teacher  Any other (Please indicate): \_\_\_\_\_.

Referred by KeMU Staff : Name \_\_\_\_\_ P.F No \_\_\_\_\_

Referred by KeMU Student : Name \_\_\_\_\_ Reg. No \_\_\_\_\_

## SECTION D: DECLARATION

By signing this application form I confirm that the information is correct

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION E: SUBMISSION OF APPLICATION FORMS

When you complete this application form send to:

The Registrar (Academic Affairs)

Kenya Methodist University

Main Campus, P.O. Box 267 - 60200 Meru

Or Nairobi Campus, P.O. Box 45240—00100 Nairobi

Or Mombasa Campus, P.O. Box 89983-80100 Mombasa

Scanned Copies of this application to be sent to:

admission.office@kemu.ac.ke or info@kemu.ac.ke

Online Application:

<http://virtual.kemu.ac.ke/hds/>

## SECTION F: FOR OFFICIAL USE ONLY

### Recommendation: Teaching Department

Programme: \_\_\_\_\_

Recommended/Not Recommended: \_\_\_\_\_

Not Recommended: Reason \_\_\_\_\_

CoD: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Admission Committee

Approved/Not Approved:

Chairman: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar (Academic Affairs)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ver. No.1.0

Rev Date: 26-01-2024