



### KENYA METHODIST UNIVERSITY

Main Campus, Meru: P.O. BOX 267-60200 Meru - Kenya, Fax: 064-30565, Tel: 064-31206, 0734310655

Nairobi Campus, KeMU Hub: P.O Box 45240-00100, GPO, Nairobi •Tel: 254-020-248172, 0725751878, 0735701311

## 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 a non-refundable application fee of Kshs. 1,000 for Kenyan Citizens or 20 US Dollars for Non= Kenyan Citizens
4. Supply 4 passport size photographs
5. Attach a copy of National ID/Passport, copies of academic/professional certificate

For official use only

Application No.

Receipt No.

### SECTION A: PERSONAL DATA

Surname:	Middle Name:	First Name:
Date of Birth: Day Month Year [ ] [ ] [ ]	Gender: [ ] Female [ ] Male	Place of Birth: District: County:
Nationality:	Marital Status:	National ID No/Passport No.
Religion:	Denomination:	
<b>Current Mailing Address (if different from below)</b>		
P.O. BOX	Code:	City/Town:
Phone:	Fax:	E-mail:
<b>Permanent Address</b>		
P.O. BOX	Code:	City/Town:
Phone:	Mobile:	E-mail:
<b>Next of Kin or Guardian (contact incase of emergency)</b>		
Name:	Relationship:	
Address: P.O. BOX	Code:	City/Town:
Phone:	Mobile:	E-mail:
<b>Financial Information</b>		
How do you expect to meet the financial expences for study while at KEMU?/Self/parent/guardian/sponsor)		
Name (if not self):	Relationship:	
Address:	Phone:	E-mail:

### SECTION B: ACADEMIC PROFILE

List all Schools/Colleges/ Universities attended. Attach copies of all academic qualifications.

NAME	FROM	TO	CERTIFICATE AWARDED

## SECTION C: ACADEMIC PROGRAMME APPLIED FOR:

State the programme you wish to be considered for:

1 <sup>st</sup> Programme	Alternative programmes in which you would wish to be considered:			
	2 <sup>nd</sup> Programme	3 <sup>rd</sup> Programme		
<b>Specify mode of study</b>	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Distance learning	<input type="checkbox"/> School based
<b>State campus of preference</b>	<input type="checkbox"/> Main Campus Meru	<input type="checkbox"/> Nairobi	<input type="checkbox"/> Nyeri	
	<input type="checkbox"/> Mombasa	<input type="checkbox"/> Nakuru	<input type="checkbox"/> Meru Town Centre	
	<input type="checkbox"/> Maua Centre			

Date of enrolment                      Month:                      year:

For main Campus-Meru, please indicate if you would prefer accommodation on Campus  or Off-Campus

### Additional Information

How did you learn about Kenya Methodist University (please tick all that apply)?

<input type="checkbox"/> University website	<input type="checkbox"/> University prospectus	<input type="checkbox"/> Colleague	<input type="checkbox"/> Career teacher
<input type="checkbox"/> Exhibition & recruitment fairs	<input type="checkbox"/> Former / current student	<input type="checkbox"/> Friend/family	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Television/radio	Any other (please specify)		

Briefly explain why you want to study at KEMU and how you believe that the KEMU experience will help you accomplish your lifetime goals \_\_\_\_\_

\_\_\_\_\_

## SECTION D: DECLARATION

By signing this application you confirm that the information is correct

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION E: SUBMISSION OF APPLICATION FORMS

• All completed application forms should, be addressed to:

The Registrar (Academic Affairs), KEMU-      Main Campus, P.O Box 267 - 60200 Meru.  
Nairobi Campus, KeMu Hub, P.O Box 45240-00100, Nairobi  
Nakuru Campus, P.O. Box 3654 - 20100 Nakuru  
Mombasa Campus, P.O Box 89983-80100, Mombasa  
Nyeri Campus, P.O. Box 2285 - 10100 Nyeri

Online Application - Email: [info@kemu.ac.ke](mailto:info@kemu.ac.ke)

## FOR OFFICIAL USE ONLY

**Recommendation: Teaching Department**

Programme \_\_\_\_\_

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

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

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

**Admissions Committee**

Approved/Not Approved: \_\_\_\_\_

Not Approved: Reason \_\_\_\_\_

Chairman: Name: \_\_\_\_\_ Signatue: \_\_\_\_\_ Date \_\_\_\_\_

**Registrar (Academic Affairs)**

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