



JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

Institute of Human Resource Development

BRIDGING IN ENGLISH

Application Form

Surname: Others names:

Date of birth: Nationality:ID. No:

Address:

..... Telephone: Fax:

Pattern: *full- time or part-time*: Intake:

Below indicate school certificates held, including the name of the institution, grade and date awarded.

Certificate	Institution	Grade	Date awarded
1.			
2.			
3.			
4.			

Other post-school or professional qualifications (If any)

Name of Certificate	Institution	Grade	Duration
1.			
2.			
3.			
4.			

Current employment: please give brief details of relevant past and current employment with date or attach C.V.

Employment (position)	Organization	Date
1.		
2.		
3.		
4.		

Fees: who will be responsible for the payment of your fees? Self () Other (). If other than yourself, please state your sponsor: Name: Relationship:
Address: Telephone:

Names and addresses of at least two senior persons acquainted with your academic work, who may be asked to write on your behalf about your academic fitness and general suitability to undertake this course.

- i) Name:
Position:
Address:

..... Telephone:

ii) Name:
Position:
Address:
.....Telephone.....

Names and address of nearest relative, person or agent who should be contacted incase of emergency:

Name: Relationship:

Address.....

.....Telephone:

Fees payment through payroll (For JKUAT Staff Only)

I authorize the Finance Officer to deduct from my salary Kshs..... in
installments with effect from and remit it to the Institute for Human Resource
Development, Vote No.800-113.

Names..... P.F. No: Signature:

Declaration

I certify that the information/statements made by me on this form are true, to the best of my knowledge,
correct and complete.

Signature: Date:

**The complete form and documentation together with two passports size photographs should be
sent/submitted to:**

The Director,
Institute for Human Resource Development, JKUAT,
P.O Box 62000
Nairobi-Kenya

For official use only

Application: *Approved* () *Rejected* () Intake: *January* (), *April* (), *September* ().

Registration No:, Pattern of Study: *Full-time* () *Part-time* ().

Remarks, if any:

Date of commencement: Academic year:

Signed Date