

S/NO



**Affix a  
Recent  
Photograph  
Here**

**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY  
CONTINUING EDUCATION PROGRAMME**

**(STUDENT APPLICATION/REGISTRATION FORM (DEGREE COURSES))**

(To be filled in duplicate)

Surname: \_\_\_\_\_ Gender: (M/F ) \_\_\_\_\_

Other names: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_

Indicate the course applied for:

- Bachelor of Science in Information Technology (B.Sc.IT)
- Bachelor of Business and Office Management (BBOM)
- Bachelor of Commerce and Business Administration (BCOMBA)
- Bachelor of Science in Computer Technology
- Bachelor of Commerce (BCom)
- Bachelor of Mass Communication
- Bachelor of Co-operative Business (BCOB)
- Bachelor of Science in Medical in Medical Laboratory (BSc.ML)
- Bachelor of Science in Analytical Chemistry (BSc.ACHEM)
- Bachelor of Business Information Technology(BBIT)
- Bachelor of Purchasing and Supplies Management (BPS)

Intake Date: \_\_\_\_\_

Centre of Study: \_\_\_\_\_

**EDUCATION**

SCHOOLS ATTEND	DATE		QUALIFICATION
	From (Year)	To (Year)	


NB. (Attach certified copies of the relevant certificates and two passport sized photographs)

Sponsorship

Self:

Others (parent, Organization): \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name and address of nearest relative, person or agency to be contacted in case of emergency;

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**TERM AND CONDITIONS**

1. Courses fees must be paid in advance at the time of booking, unless prior credit arrangements are made and approved by an authorized officer of the Company.
2. Where credit is granted, the account must be settled within the agreed period otherwise a monthly penalty charge of 3% will be levied on a cumulative basis.
3. A 20% fee will be charged on any bookings cancelled before commencement of classes.
4. There will be no refund of any bookings cancelled or abandonment of classes once they have commenced.
5. A Kshs. 1,000 service fee will be charged on all returned cheques.
6. The center accepts no liability whatsoever for any injuries inflicted during the course of training.
7. The center accepts no liability for loss or damage to any property brought or left on the premises by students.
8. Students will be charged for any damages caused to equipment by their negligence.
9. Certificates will only be awarded after the fulfillment of all the particular course's requirements.

**DECLARATION**

I certify that the information/statements made by me on this form are correct and complete. I further certify that I have read, understood and agreed to comply with terms stipulated herein.

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

Date: \_\_\_\_\_

All correspondence should be addressed to:-

The head of the Institution where the Application forms are obtained.

**FOR OFFICIAL USE ONLY**

Serial No.	Receipt No.	Sponsor	Date Received	Selected	Not Selected

Sign: \_\_\_\_\_ Date: \_\_\_\_\_