



MASENO UNIVERSITY
OFFICE OF THE REGISTRAR, ACADEMIC & STUDENT AFFAIRS

Tel: 254-057-51622, 51620, 510089, 51011
 Fax: 254 – 057-51221, 51153

Private Bag
MASENO
www.maseno.ac.ke

AFFIX PASSPORT
 SIZE PHOTO

Date of receipt of Application from Client

____/____/____

Application No. _____

NOTE:

- i. That the completed form should be submitted to the ACADEMIC REGISTRAR, MASENO UNIVERSITY, PRIVATE BAG MASENO
- ii. That all candidates applying must attach copies of their certificates/transcripts, Identity Card/Waiting Card/Birth Certificate, Original Receipt of the Fee and School Leaving Certificate.
- iii. Applicant should also indicate the campus of interest whether, eCampus(**eLearning/Distance**), Kisumu Campus (**Day/Evening/Weekend/Sandwich**) or Maseno Main Campus (**Regular**)
- iv. That only successful candidates will be contacted.
- v. That the names appearing on this for should be the same as those on your certificates.

1. PERSONAL DETAILS:

Surname/Family Name: _____

Other Names: _____

Date of Birth: ____/____/____

Day Month Year

Gender: Male Female

Marital Status: Single Married

Nationality: _____

County of Residence: _____

Telephone: _____ Email: _____

Address for Correspondence: _____

2. DEGREE OF CHOICE:

State two (2) degree courses for which you wish to be considered in order of preference.

FIRST CHOICE:

DEGREE: _____ SCHOOL: _____

SECOND CHOICE:

DEGREE: _____ SCHOOL: _____



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4. PROFESSIONAL OR OTHER QUALIFICATION(S)

Give details where obtained, dates and certificates(s) awarded. (Attach documentary proof).

Qualifications	Where obtained	Dates	Award

5. EMPLOYMENT HISTORY

List all relevant work experience previous and current.

Date of Employment		Job title

6. ACADEMIC REFEREES(Applicable only to degree applicants)

Give names, contacts and designation of two referees.

REFEREE 1

Name, Title and Address: _____

Tel: _____ Fax: _____ Email: _____

REFEREE 2

Name, Title and Address: _____

Tel: _____ Fax: _____ Email: _____

How did you come to know about Maseno University? (Tick as many options as are applicable)

University website [] News paper [] Television [] Radio [] Internet [] Posters/Brochures [] Family/Friends []
 University Staff [] Exhibitions [] Career Visits/Talks [] Students/Alumni [] Others (Specify) _____

I declare that all statements on this application form and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant: _____

Date: ____/____/____



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Recommendation of Head of Department

Name of C.O.D: _____ Signature: _____ Date: ___/___/___

Recommendation of Dean/Director of School

Name of Dean/Director: _____ Signature: _____ Date: ___/___/___

Recommendation of Admissions Board:

Admitted/Not Admitted for: _____

Degree: _____ Department: _____

Deferred until: _____ Date of meeting: ___/___/___

FOR OFFICIAL USE ONLY

<p>ACADEMIC DIVISION USE:</p> <p>RECEIPT OF APPLICATION FORM FROM SCHOOL</p> <p>Date of receipt: ___/___/___</p> <p>Name of officer receiving: _____</p> <p>Signature: _____</p>	<p align="center">OFFICIAL STAMP</p> <p align="center">PROVISIONAL ADMISSION ISSUED ON:</p> <p align="center">___/___/___</p>
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NOTE: The University reserves the right to request and obtain further information from any educational institution or employer which may be required to confirm or clarify your suitability for the course applied for.