

**CHUKA**

Telephones: 020 2329073

**UNIVERSITY**

P.O. Box 109-60400

Chuka

AFFIX CURRENT  
PASSPORT PHOTO  
HERE

**OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS****APPLICATION FORM FOR SELF-SPONSORED UNDERGRADUATE****DEGREE \_\_\_ DIPLOMA \_\_\_ AND CERTIFICATE \_\_\_ PROGRAMMES (tick as appropriate)****NOTES:**

a) This form should be completed and returned to the REGISTRAR (ACADEMIC AFFAIRS), CHUKA UNIVERSITY P.O. BOX 109 -60400, **CHUKA**, on or before the closing date as advertised.

b) Sections A, B, C and D of this form should be completed in Block Letters.

**c) Ensure that you attach the Following;**

Certified copies of your Result Slip, Certificates and Transcripts. **Original Receipt** (Application Fee): KShs. 2,000 for Degree Programmes/Undergraduate Diploma Programmes and Kshs. 1,000 for Certificate Programmes: Payable to: **Account Name:** Chuka University. **Banks:** Kenya Commercial Bank: 1103755439, Cooperative Bank: 01129058189900, Equity Bank: 0210261453469, Family Bank Ltd: 054 000 002 641, Standard Chartered Bank: 010 202 475 520 0 and Absa bank Kenya Ltd (Meru): 203 572 766 6.

c) Copy of your National ID Card or Birth Certificate and one coloured passport photo.

**SECTION A: PERSONAL DATA**

Name: .....  
(Surname) (Other names in full)

Date of Birth: ..... Sex: ..... Marital Status: ..... Religion: .....

<b>Nationality</b>		<b>ID/Passport No</b>	
<b>County</b>		<b>Phone No</b>	
<b>District</b>		<b>P.O. Box</b>	
<b>Constituency</b>		<b>Town</b>	
<b>Email Address</b>		<b>Postal Code</b>	
<b>Indicate Disability status(if any, attach a copy of disability card/medical form)</b>			

**SECTION B: ACADEMIC HISTORY**

a)Secondary school (s) Attended	KCSE Index Number	Year	Grade	AGP
<b>Other Relevant Qualifications</b>				
b)Institution Attended	Year		Qualification/Award	

c) State any relevant academic/professional qualifications or experience.....

.....  
.....

**SECTION C: CHOICE OF COURSES**

Course(s) for which you wish to be considered for admission:

State whether you are applying for <b>Degree / Diploma / Certificate</b> : _____				
Write below, the title of the courses you are applying for;	<b>Mode of Study</b>			
	<b>Regular</b>	<b>Evening/weekend</b>	<b>Open Distance e-Learning(ODEL)</b>	<b>Part Time</b>
1 <sup>st</sup> choice:				
2 <sup>nd</sup> choice:				
Preferred Campus (Chuka(Main), Chogoria, Embu, Igembe) Intakes (January, April, May, August, September, December)				

a) Have you ever been admitted to Chuka University previously (YES/NO)? \_\_\_\_\_

If YES, indicate the previous Registration number.....

Give reasons for applying afresh.....

Indicate how you intend to finance your studies.....

**SECTION D: DECLARATION**

I certify that the information given in this application is correct to the best of my knowledge.

Sign ..... Date.....

b) Name of Employer (if any).....

Recommendation ..... Sign.....

**E) FOR OFFICIAL USE ONLY**

**a) Recommendation of the Head of Department (Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ )**

Comments.....

Sign..... Date.....

**b) Recommendation of the Dean of Faculty (Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ )**

Comments.....

Sign..... Date.....

Official stamp

**c) Recommendation of the Deans Committee/ Registrar (AA) (Recommended \_\_\_ Not Recommended \_\_\_)**

Comments.....

Sign..... Date.....

Official stamp