

**THE
CATHOLIC UNIVERSITY
OF EASTERN AFRICA
A.M.E.C.E.A.**

P.O. BOX 62157
00200 Nairobi - KENYA
Tel: +254-20-2525811-4, 8897000
Cell: +254-724-253733
Email: admissions@cuea.edu



- MAIN (LANGATA)
 TOWN (NAIROBI)
 GABA (ELDORET)
 KISUMU

APPLICATION FOR ADMISSION

Complete both sides of this application and send it to: Admissions Office, P.O. Box 62157, Nairobi - 00200 Kenya, with a non-refundable, non-creditable application fee of Kshs. 2,000 (banker's cheque only) made payable to: The Catholic University of Eastern Africa.

SECTION 1: PERSONAL DATA

SURNAME	OTHER NAMES	PASSPORT/ID NO.	DATE OF BIRTH
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Current Address	Telephone/Mobile No.	Email
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GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	Do you have any disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state nature of disability _____
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CITIZENSHIP/COUNTRY

- ERITREA
- ETHIOPIA
- KENYA
- MALAWI
- SUDAN
- TANZANIA
- UGANDA
- ZAMBIA
- SOUTH SUDAN
- OTHER, Specify _____

RELIGIOUS AFFILIATION

- CATHOLIC
- PROTESTANT, Specify _____
- MUSLIM
- HINDU
- OTHER, Specify _____

FOR CATHOLIC CLERGY ONLY

- RELIGIOUS PRIEST
- DEACON
- RELIGIOUS BROTHER
- RELIGIOUS SISTER
- DIOCESAN PRIEST, Specify DIOCESE _____
- RELIGIOUS: Name of ORDER/ INSTITUTE _____
- SEMINARIAN

SECTION 2: ACADEMIC DATA

LIST ALL HIGH/SECONDARY SCHOOLS ATTENDED:

Name	Address	Month-Year	To	Month-Year

LIST ALL COLLEGES/UNIVERSITIES ATTENDED:

Name	Year	To	Year	Degree or Diploma Earned

ATTACH PHOTOCOPIES OF ALL ACADEMIC CERTIFICATES AND TRANSCRIPTS

SECTION 3: PROGRAMME e.g. B.COM; LL.B; B.Ed (ENG/LIT); M.Ed; M.B.A.; Ph.D.Ed

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

SPECIFY PROGRAMME: DAYTIME EVENING SCHOOL-FOCUSED WEEKEND ONLINE & DISTANCE

WHEN WOULD YOU LIKE TO COMMENCE YOUR STUDIES? _____
Month Year

INDICATE (IF ANY) COURSE PREVIOUSLY ATTENDED AT THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

PRE-UNIVERSITY BRIDGING IN MATHS ENGLISH REG. NO. _____

BACHELORS POSTGRADUATE; Specify _____ REG. NO. _____

IF ANY OTHER, Specify _____ REG. NO. _____

WHO WILL SPONSOR YOUR EDUCATION AT CUEA? SELF PARENTS OTHERS

Sponsor (Print name in full) Address Telephone E-mail

Signature of Sponsor _____

NEXT OF KIN

Print name in full Address Telephone E-mail

ADDITIONAL DATA

How did you learn about The Catholic University of Eastern Africa? Tick appropriately

- | | | |
|---|---|--|
| <input type="checkbox"/> University Website | <input type="checkbox"/> University Prospectus | <input type="checkbox"/> If any other, specify _____ |
| <input type="checkbox"/> Television | <input type="checkbox"/> Exhibition & Recruitment Fairs | _____ |
| <input type="checkbox"/> Radio | <input type="checkbox"/> University Career Day | _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Family & Friends | _____ |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Magazines | _____ |
| <input type="checkbox"/> Bishops/ Religious Superiors | <input type="checkbox"/> Facebook/Twitter | |

SECTION 4: VERIFICATION (SIGNATURE REQUIRED)

By signing this application you confirm that the information is correct and that any misrepresentation of facts on this application could be cause for expulsion or suspension from the University if discovered after enrolment.

Student's Signature

Date

FOR OFFICIAL USE ONLY

Recommendation of Departmental Academic Board:

Recommend: Programme

No. of Years [1] [2] [3] [4]

Not Recommend: Reason

Referred to:

Head of Department Signature: Date

Endorsed by Dean of Faculty:

Dean's Signature: Date

Admissions Committee Decision:

Approved: Programme

No. of Years [1] [2] [3] [4]

Not Approved: Reason

Chairman's Signature: Date

Action by Registrar: Signature Date

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA



A.M.E.C.E.A.

P.O Box 62157 – 00200

Nairobi – KENYA

Telephone: 0733-900025/0722-509812

Fax: 254-20-891084

Email: registrar@cuea.edu

OFFICE OF THE REGISTRAR-ACADEMIC

STUDENT'S PERSONAL DETAILS FORM

Affix passport-size photo here

Information provided in this form is intended to assist the Office of the Registrar Academic to understand the student better. It will be used for the purposes of improving the student's welfare while at the University. Please print in CAPITAL LETTERS. Attach a coloured passport size photograph on the form.

1. Name: _____
(Surname Middle Name First Name)
2. University Registration Number _____
3. National Identity Registration No. (ID) _____ Date of Birth _____
4. Religion _____
5. Nationality _____
6. Home Contact Address _____
7. Telephone Number: _____ Email Address _____
8. a) Marital Status _____
b) Name and Address of spouse (if married) _____
c) Occupation of Spouse _____
d) Number of Children _____
9. a) Full name of father _____ (Alive/Deceased)
b) Contact Address _____ Telephone no. _____
10. a) Full name of mother _____ (Alive /Deceased)
b) Contact Address _____ Telephone No. _____
11. Full name of guardian, where applicable _____
Contact Address _____ Telephone No. _____
12. a) Occupation of father _____
b) Occupation of mother _____
c) Occupation of spouse, if married _____
d) Occupation of guardian, where applicable _____
13. Number of brothers and sisters _____
14. Place of birth _____ Location _____
Name of chief _____ Sub-county _____
County _____

15. Place of Permanent Residence: Village/Town _____
Nearest Town _____ Location _____
Name of Chief _____ sub-county _____
Constituency _____ County _____
Nearest Police Station _____

16. Give names and addresses of two persons who can be contacted in case of an emergency.

a) Name _____ Relationship _____
Address & Tel. No. _____

b) Name _____ Relationship _____
Address & Tel. No. _____

17. Name and address of Secondary School(s) attended

Year completed _____

18. KCSE Results (Subjects and Grades) _____

19. Any other institutions attended and qualifications attained:

20. Games / Sports: Which games are you interested in?

21. Clubs, Societies and hobbies. Which clubs, societies and hobbies are you interested in?

22. Do you suffer from any physical impairment? If so give details

23. Please give any other information you think is useful to the University

I certify that the information I have provided is correct.

Signature _____ **Date** _____



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A

Infirmary

MEDICAL REPORT

Part I : To be completed by applicant in the presence of Medical examiner.

Name in full.....

Sex..... Date of Birth.....

Address..... Contact.....

Part II: DECLARATION (Applicant)

I, the above mentioned, do hereby certify that I have carefully considered my answers to the questions below and that, to the best of my knowledge and belief, the information given is complete and correct.

Sign Date

1. Have you suffered from any of the following? (give dates for each 'Yes' answer)

	Yes	No	Date
(a) Fits or convulsions or sudden loss of consciousness	()	()
- Head injury or 'Concussion'	()	()
- Nervous breakdown	()	()
- Any other Nervous trouble	()	()
(b) - Tuberculosis of the lungs	()	()
- Asthma or 'Hey fever'	()	()
(c) - Fainting attacks or Giddiness	()	()
- Heart diseases, 'Weak heart' or strained heart	()	()
- Pain in the heart, throat or arm while undertaking physical Effort	()	()
(d) - Kidney or bladder trouble	()	()
- Difficulty or pain in passing urine	()	()
- Syphilis or Gonorrhoea	()	()
(e) - Any eye or ear complaints	()	()
(f) - Injury or disease of bones or joints	()	()
(g) - Skin diseases	()	()
(h) - Vericose veins	()	()
(i) - Chronic conditions; Diabetes, Arthritis, HIV, Hypertension.	()	()

2. Have you ever suffered from any illness or injury not mentioned above () ()

3. Are you on current medication for any condition? () ()

4. What operations have you had? () ()

.....
.....

5. Family History

Is there any family member known to have; Diabetes, Hypertension, Epilepsy, Heart disease, Strokes, Sudden death, Cancer () ()

Part III: To be completed by Medical examiner

GENERAL EXAMINATION

Height Weight
B.P mm of Hg Pulse/ min
Temperature..... Anaemia
Clubbing Jaundice
Eyes Nose
Ears.....

SYSTEMIC EXAMINATION

CARDIOVASCULAR SYSTEM
RESPIRATORY SYSTEM
CENTRAL NERVOUS SYSTEM
GASTRO- INTESTINAL SYSTEM
GENITO – URINARY SYSTEM.....
MUSCULO – SKELETOL SYSTEM.....

FEMALES:

Menstrual History

Investigations required:
.....
.....

Part IV : CERTIFICATE

This is to certify that I have examined and find him/ her:-

- (1.) In good health and fit for further education
- (2.) Free / not free from any mental or physical defect to be aggravated or to endanger the life, health or safety of himself/ herself or others in the course of his/ her education.

Date

Signed.....
(Medical Practitioner)

Address / Stamp.

Full Name & Qualification of Medical
Practitioner.

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Part V: For official use ONLY.

FIT / UNFIT FOR STUDIES AT THE CATHOLIC UNIVERSITY OF EASTERN AFRICA.

Date

Signed

Medical Officer of Health

The Catholic University of Eastern Africa

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OFFICE OF THE REGISTRAR-ACADEMIC

ACCEPTANCE / NON-ACCEPTANCE/DEFERMENT FORM

A) ACCEPTANCE

Name _____
(Surname Middle Name First Name)

Registration No. _____ ID/Birth Cert. No. _____

With reference to my admission to the course leading to the award of the Degree of _____

I wish to confirm that **I DO ACCEPT** the offer and **I PROMISE TO ABIDE** by the rules and regulations governing the conduct and discipline of the students of the Catholic University of Eastern Africa and I hereby undertake to complete the course for which I have been accepted, unless I am requested to discontinue by the University authorities.

I accept the regulations made from time to time for the good order and government of the University.

B) DEFERMENT

State reason(s)

Duration of deferment: From..... to :

C) NON-ACCEPTANCE

State reason(s)

Signature _____ Date _____

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CODE OF GOOD CONDUCT FORM

I _____

National ID NO. _____ University Registration NO: _____

Do hereby declare that I will abide by the Rules and Regulations governing the conduct and discipline of students at the Catholic University of Eastern Africa.

Signature of candidate: _____

DATE: _____

AND WITNESSED IN THE PRESENCE OF:

Parent/Guardian: _____

Name: _____

Relationship: _____

National Identity Card No: _____

Telephone Number: _____

Signature(s): _____

Date: _____