



APPLICATION FOR ADMISSION INTO SHORT-TERM PROGRAMMES

Complete both sides of this application and send it to: Admissions Office, P.O. Box 62157, Nairobi - 00200 Kenya, with a non-refundable, application fee of Kshs. **1,000** (banker's cheque only) made payable to: The Catholic University of Eastern Africa.

SECTION 1: PERSONAL DATA (PLEASE TYPE OR PRINT)

SURNAME	FIRST NAME	MIDDLE INITIAL	PASSPORT NO.	NATIONAL ID/NO
Home Address		Telephone No.		Fax No.
Name, address and relationship for emergency contact		Telephone No.		Fax No.
Date of Birth	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state nature of disability _____	

RELIGIOUS AFFILIATION <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT <input type="checkbox"/> JEWISH <input type="checkbox"/> MOSLEM <input type="checkbox"/> BUDDHIST <input type="checkbox"/> HINDU <input type="checkbox"/> NONE <input type="checkbox"/> OTHER	CHOICE OF COURSES WHICH OF THE FOLLOWING WOULD YOU LIKE TO APPLY FOR <input type="checkbox"/> CERTIFICATE IN LINUX CERTIFICATION PROGRAM LEVEL 1 LPC-1 <input type="checkbox"/> CERTIFICATE IN INTEGRATED ENVIRONMENTAL IMPACT ASSESSMENT <input type="checkbox"/> CERTIFICATE IN KISWAHILI <input type="checkbox"/> CERTIFICATE IN ENVIRONMENTAL AUDIT <input type="checkbox"/> CERTIFICATE IN CHURCH MANAGEMENT AND LEADERSHIP <input type="checkbox"/> CERTIFICATE IN JUSTICE AND PEACE <input type="checkbox"/> CERTIFICATE IN THEOLOGICAL STUDIES <input type="checkbox"/> ADVANCED CERTIFICATE IN CHURCH MANAGEMENT AND LEADERSHIP <input type="checkbox"/> ADVANCED CERTIFICATE IN JUSTICE AND PEACE <input type="checkbox"/> PREUNIVERSITY <input type="checkbox"/> BRIDGING COURSE IN ENGLISH <input type="checkbox"/> EVENING <input type="checkbox"/> FULL TIME <input type="checkbox"/> BRIDGING COURSE IN MATHEMATICS <input type="checkbox"/> EVENING <input type="checkbox"/> FULL TIME
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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

SECTION 3: ADDITIONAL DATA

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 a suspension from the University if discovered after enrolment.

_____ Student's signature

_____ Date

PLEASE ENCLOSE PHOTOCOPIES OF ALL TRANSCRIPTS/CERTIFICATES

FOR OFFICIAL USE ONLY

Recommendation of Departmental Academic Board:

Recommended: Programme.....
Period _____

Not Recommended: Reason.....

Referred to:

Head of Department's Signature:..... Date.....

Endorsed by Dean of Faculty:.....

Dean's Signature:..... Date.....

Admissions Committee Decision:

Approved: Programme.....
Period _____

Not Approved: Reason:.....

Chairman's Signature:..... Date.....

Action by Registrar:..... Date..... Signature.....