





The Catholic University of Eastern Africa

TITLE	AUTHOR
PROCEDURE FOR ADMISSION CUEA/DVC ACD/REG/01	REGISTRAR
	NO. OF APPENDICES:
	2 (TWO) (A-B)
AUTHORIZATION This Standard Operating Procedure is issued under the authority of:	
TITLE	DVC ACADEMIC
SIGNATURE	
DATE	23 February 2011
ISSUE DATE	23 March 2011
STAMP CONTROLLED / UNCONTROLLED	CONTROLLED
NOTE: <ol style="list-style-type: none"> 1. Write amendments on the page provided (Clause 0.2) 2. Controlled copies of this document will be in the DVC Academic and the Registrar's office 	

0. CONTENTS AND RECORD OF CHANGES

0.1 Table of Contents

Revision	00		Date	24 – Dec 2010
----------	----	--	------	---------------

	Standard Operating Procedure	CUEA/DVC ACD/REG/01
Title	PROCEDURE FOR ADMISSION	Page 2 of 8

0.	CONTENTS AND RECORD OF CHANGES.....	2
1.	PUPROSE	2
2.	SCOPE	2
3.	TERMS AND DEFINITIONS.....	3
4.	REFERENCES	3
5.	PRINCIPAL RESPONSIBILITIES	3
6.	METHOD	3
7.	APPENDICES	4

0.2 RECORD OF CHANGES

No.	Date <i>(dd-mm-yy)</i>	Details of Changes		Authorization <i>Title</i>
		<i>Page</i>	<i>Clause/subclause</i>	

0.3 Distribution / Circulation

This Standard Operating Procedure is available at relevant functions for authorized users.

1.0PURPOSE:

To ensure quality and efficiency in the Admission of applicants at the university


2.0SCOPE

This procedure applies to all admission processes at CUEA.

3.0REFERENCE

- 3.1 Programme of Studies
- 3.2 Student Hand Book
- 3.3 Academic calendar
- 3.4 Quality Management Manual

Revision	00		Date	24 – Dec 2010
----------	----	--	------	---------------

	Standard Operating Procedure	CUEA/DVC ACD/REG/01
Title	PROCEDURE FOR ADMISSION	Page 3 of 8

4.0 TERMS AND DEFINITIONS

- 4.1 Admission calendar:** This is a schedule that highlights the proposed university's dates for admission board meetings at both departmental level and university level.
- 4.2 Admission status:** This may be: full admission, provisional admission, regret or pending.
- 4.3 Erroneous admission:** A letter given to the applicant indicating the wrong admission status including wrong programme of study and duration.
- 4.4 UAB:** University Admission Board
- 4.5 DAB:** Department Academic Board
- 4.6 HoD:** Head of Department


5.0 PRINCIPAL RESPONSIBILITIES

The Registrar shall have the overall responsibility to ensure that this procedure is adhered to.

6.0 METHOD

- 6.1** The admission process begins with an applicant making an inquiry at the admission office. The admission officer shall address the inquiry through the following means: email, telephone, fax or any other form of communication.
- 6.2** The Admissions Officer shall issue the application materials to those interested in applying and provide guidance to the applicant.
- 6.3** The admission officer shall receive the application form and verify the following: that the application fee has been paid, the form fully filled and all academic documents necessary are attached.
- 6.4** The admission officer shall prepare the application summary and submit the same with the application documents to the respective HoD for the departmental admission board two weeks prior to the scheduled UAB meeting (refer to the admission calendar).

Revision	00		Date	24 – Dec 2010
----------	----	--	------	---------------


	Standard Operating Procedure	CUEA/DVC ACD/REG/01
Title	PROCEDURE FOR ADMISSION	Page 4 of 8

- 6.5 The DAB shall evaluate and make their recommendations on admissions to the university admissions board.
- 6.6 The UAB shall ratify and or revise the admission status of all applicants recommended by the DAB for admission.
- 6.7 Thereafter the admissions officer shall prepare letters highlighting the admissions status of all applicants, signed by the Registrar of the university and send/communicate to the applicant.
- 6.8 In the event that an applicant is dissatisfied with the recommendations of the UAB, he or she shall submit a written appeal attaching supporting documents addressed to the Registrar.
- 6.9 The admissions officer shall indicate “REVIEW” on the appeal document of the applicant and subject it to the admission process.
- 6.10 In the event that an applicant defers his or her admission to the university (refer to the Work Instruction on re-admission) the admissions officer shall write a re-admission letter to the applicant on the requested intake.
- 6.11 In the event of an erroneous admission, the admissions officer shall notify the registrar who will reverse the decision and issue two communications; an apology to the applicant and a letter indicating the correct admission status.


7. APPENDICES

- 7.1 Appendix A: Application Form – Full courses
- 7.2 Appendix B: Application Form – Short courses


Revision	00		Date	24 – Dec 2010
----------	----	--	------	---------------

	Standard Operating Procedure	CUEA/DVC ACD/REG/01
Title	PROCEDURE FOR ADMISSION	Page 5 of 8

Appendix A: Application Form

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA A.M.E.C.E.A.				P. O. Box 62157 Nairobi - 00200 KENYA Telephone: 254-20-891601-6 Fax: 254-20-891084 Email: admissions@cuea.edu	
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 application fee of Kshs. 2,000 (banker's cheque or bank deposit slip) made payable to: The Catholic University of Eastern Africa.					
SECTION 1: PERSONAL DATA					
SURNAME		OTHER NAMES		PASSPORT/ID NO. DATE OF BIRTH	
Permanent Address		Telephone/Mobile NO.		E-mail	
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 _____	
CITIZENSHIP/COUNTRY <input type="checkbox"/> ERITREA <input type="checkbox"/> ETHIOPIA <input type="checkbox"/> KENYA <input type="checkbox"/> MALAWI <input type="checkbox"/> SUDAN <input type="checkbox"/> TANZANIA <input type="checkbox"/> UGANDA <input type="checkbox"/> ZAMBIA <input type="checkbox"/> OTHER, SPECIFY _____		RELIGIOUS AFFILIATION <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT; SPECIFY _____ <input type="checkbox"/> MUSLIM <input type="checkbox"/> HINDU <input type="checkbox"/> OTHER; SPECIFY _____		FOR CATHOLICS ONLY <input type="checkbox"/> RELIGIOUS PRIEST <input type="checkbox"/> DEACON <input type="checkbox"/> RELIGIOUS BROTHER <input type="checkbox"/> RELIGIOUS SISTER <input type="checkbox"/> DIOCESAN PRIEST; SPECIFY DIOCESE _____ <input type="checkbox"/> RELIGIOUS; NAME OF ORDER/INSTITUTE _____ <input type="checkbox"/> SEMINARIAN	
SECTION 2: ACADEMIC PROFILE					
LIST ALL HIGH/SECONDARY SCHOOLS ATTENDED:					
Name		Address		Month-Year To Month-Year	
Name		Address		Month-Year To Month-Year	
Name		Address		Month-Year To Month-Year	
LIST ALL COLLEGES/UNIVERSITIES ATTENDED:					
Name		Year		To Year Degree or Diploma Earned	
Name		Year		To Year Degree or Diploma Earned	
Name		Year		To Year Degree or Diploma Earned	
Name		Year		To Year Degree or Diploma Earned	
ATTACH PHOTOCOPIES OF ALL ACADEMIC CERTIFICATES AND TRANSCRIPTS					

Revision	00		Date	24 - Dec 2010
----------	----	--	------	---------------

	Standard Operating Procedure	CUEA/DVC ACD/REG/01
Title	PROCEDURE FOR ADMISSION	Page 6 of 8

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: FULL-TIME EVENING SCHOOL-FOCUSED

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 _____

ADDITIONAL DATA

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

University Website University Prospectus If any other, specify _____

Television/Radio Exhibition & Recruitment Fairs _____

Newspaper Career Day Programmes _____

Bishops/Religious Superiors Family & Friends _____

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 a suspension from the University if discovered after enrolment.

Student's signature

Date

FOR OFFICIAL USE ONLY

Recommendation of Departmental Academic Board:

Recommended: Programme.....

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

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.....

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


Not Approved: Reason:.....


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

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

CUEA/ DVC ACD/REG/01/fm01

Revision	00		Date	24 – Dec 2010
----------	----	--	------	---------------

	Standard Operating Procedure	CUEA/DVC ACD/REG/01
Title	PROCEDURE FOR ADMISSION	Page 7 of 8



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

P. O. Box 62157
 Nairobi - 00200
 KENYA
 Telephone: 254-20-891601-6
 Fax: 254-20-891084
 Email: admissions@cuea.edu

APPLICATION FOR ADMISSION INTO SHORT-TERM PROGRAMMES

Complete this application and send it to: Registrar, P.O. Box 62157, Nairobi - 00200, Nairobi, Kenya.

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

 CATHOLIC
 PROTESTANT
 JEWISH
 MOSLEM
 BUDDHIST
 HINDU
 NONE
 OTHER

CHOICE OF COURSES
WHICH OF THE FOLLOWING WOULD YOU LIKE TO APPLY FOR

 CERTIFICATE COURSE IN CONFLICT MANAGEMENT
 CERTIFICATE COURSE IN GUIDANCE AND COUNSELLING
 CERTIFICATE COURSE IN COMPUTER SCIENCE
 CERTIFICATE COURSE IN PROJECT PLANNING AND MANAGEMENT OF DEVELOPMENT PROJECTS
 ADVANCED CERTIFICATE IN COMPUTER SCIENCE
 CERTIFICATE COURSE IN COMMUNITY DEVELOPMENT AND SOCIAL WORK
 CERTIFICATE COURSE IN APPLIED STATISTICS
 BRIDGING COURSE IN ENGLISH
 BRIDGING COURSE IN MATHEMATICS - EVENING FULL TIME

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

1/2

Revision	00	Date	24 - Dec 2010
----------	----	------	---------------

	Standard Operating Procedure	CUEA/DVC ACD/REG/01
Title	PROCEDURE FOR ADMISSION	Page 8 of 8

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.....

2/2

CUEA/ DVC ACD/REG/01/fm02

Revision	00		Date	24 – Dec 2010
----------	----	--	------	---------------