



KARATINA UNIVERSITY

www.karu.ac.ke, admissions@karu.ac.ke P.O. Box 1957-10101, Karatina
+254 (0)716 135 171/ (0) 716 974 126/ (0) 729 721 200

PRIVATELY SPONSORED STUDENTS PROGRAMME (PSSP)

APPLICATION FOR ADMISSION

School:

PART A: PERSONAL DATA

Applicant's Name:
(Surname) (First Name) (Last Name)

Contacts: P.O. Box: Postal Code: Town:

Mobile Phone No: (+254)..... Email:

Nationality: Gender: Male Female Marital Status: Single Married Other

County:

Date of Birth :(dd/mm/yy)..... ID/BC No:
(Please attach copy)

PART B: APPLICATION DETAILS

Programme Level: Master's Bachelors Diploma Certificate Bridging Course

Programme Name:

Programme Option: (If applicable)

Mode of Study: (tick appropriate) Full Time School Based Weekend Evening Part time ODLM

Stage of Study: Academic Year: Intake:

Preferred Campus: Main Campus Town Itiati Nyeri Nairobi Other:

Secondary Education: (Please attach certified copies of result slips and/or certificates and transcripts)

S/no	School	From (Year)	To (Year)	Examination Body	Grade
1.					
2.					
3.					

Post-Secondary Education: (Please attach certified copies of result slips and/or certificates and transcripts)

S/no	Institution/College/University	From (Year)	To (Year)	Area of Study	Award
1.					
2.					
3.					
4.					

Career/Professional Experience: (Please attach CV and/or Appointment letters)

S/no	Designation	Employer	From (Year)	To (Year)
1.				
2.				
3.				

Please indicate how you intend to finance your studies. Private financial source
 Other financial sources

How did you get to know Karatina University? (E.g. through a friend, through a newspaper advert, within locality, e.t.c.)

PART C: APPLICANT'S DECLARATION

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Signature: Date: (dd/mm/yy).....

PART D: RECOMMENDATION

(For Official Use Only)

i) **Recommendation of Department** (Where applicable): Admission Recommended
 Admission Not Recommended

Signed: Date and Stamp:
Chairman of Department

ii) **Recommendation of School** Admission Recommended
 Admission Not Recommended

Programme to Admit:
Admit stage: Admit intake:
Remarks:
Signed: Date and Stamp:
Director of School/Dean of School

Dully filled Application Forms should be returned to:

The Admissions Office
Karatina University
P.O. Box 1957-10101
Karatina.
admissions@karu.ac.ke
Tel: +254 716 135 171