



Affix one of your
Current passport size
Photograph here

APPLICATION REF. NO.....
APPL. FEE RECEIPT. NO.....

SOUTH EASTERN KENYA UNIVERSITY

P.O. BOX 170-90200,
KITUI, KENYA
www.seku.ac.ke

TEL : 020-2413859/020-2318999/0736116989 (KITUI)
Email: registrar-academic@seku.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)

APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE PROGRAMMES (SELF-SPONSORED (MODULE II) STUDENTS)

(Two copies of this form should be completed and returned/sent to the Registrar (Academic & Student Affairs). The form should be completed in Block letters. Attach two passport size photographs, copy of Result slip/ or Certificates and any other supporting documents).

SECTION A: - Applicant's Personal Details

- a. Name.....
(Surname) (Other names in full)
Date of Birth (DD/MON./YYYY)..... Gender.....
Marital Status..... Religion Nationality
National I.D..... Passport No.
Postal Address..... Postal Code..... Town/City.....
Home: County..... Sub County..... District
Constituency
- Mobile..... Telephone E-Mail.....
- b. Name of Next of Kin..... Relationship.....
Postal Address.....
Postal Code..... Town/City..... Country.....
Mobile..... Telephone E-Mail.....
- c. Emergence Contact Person..... Relationship.....
Postal Address.....
Postal Code..... Town/City..... Country.....
Mobile..... Telephone E-Mail.....

SECTION B: - Course Application Details

a. Name of Degree/Diploma/ Certificate course applied for (List three in order of preference)

1.
2.
3.

b. Date of Commencement.....Semester/Term.....Academic year.....

c. Department (Where Applicable).....

d. School/Institute.....

e. Campus (Rank the campuses where you prefer to study from in order of preference)

SEKU Main Campus
 Kitui Town Campus
 Machakos Town Campus
 Wote Town Campus
 Mtito-Andei Town Campus

Note: The University does not guarantee accommodation in any of its campuses.

f. Mode of Study

Weekdays (8.00 am to 5.00 pm)
 Evening (5.30 pm to 8.30 pm)
 Part-time School / Institution Based

SECTION C - Applicant’s Educational Background

Please list all schools

Sec. & Post – Sec Schools	School Address	From	To	Qualification Obtained	Index No./ Exam Reg. No

PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS



SECTION D- Applicant’s Working Experience

FROM	TO	EMPLOYER	DESIGNATION	NATURE OF ASSIGNMENT

SECTION E- Applicant’s Academic Referees

Give names and addresses of two referees.

i. Name

.....

Postal Address.....

Postal Code..... Town/City..... Country.....

Telephone..... Fax..... E-Mail.....

ii. Name.....

Postal Address.....

Postal Code..... Town/City..... Country.....

Telephone..... Fax..... E-Mail.....

SECTION F- Applicant’s Declaration

I declare that the information 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.

Applicants Full Names..... ID/Passport No.....

Date..... Applicant’s Signature.....



SECTION G - Evaluation (For Official Use Only)

(i) Application form received:

Signed.....
Registrar (Academic & Student Affairs)

Date and Stamp.....

(ii) Recommendation of Department: **ACCEPT** **REJECT**

Signed

Date and Stamp.....

Chairman, Department of.....

(iii) Recommendation of School/Institute : **ACCEPT** **REJECT**

Signed.....

Date and Stamp.....

Dean/Director, School/Institute of.....

(iv) Approval by Deans' Committee: **ACCEPT** **REJECT**

Signed.....
Chairman, Deans' Committee

Date and Stamp.....

