



OFFICE OF THE REGISTRAR (ACADEMIC)
APPLICATION FOR ADMISSION INTO LUKENYA UNIVERSITY
UNDERGRADUATE AND POSTGRADUATE PROGRAMMES

NOTES:

1. Type or complete in CAPITAL LETTERS, and return to:
The Registrar (Academic)
P.O Box 90-90128 MTITO ANDEI
Tel: 0724442205, Email: DVC.ASA@lukenyauniversity.ac.ke
2. Attach Copies of your:
 - a. Professional and academic certificates and transcripts
 - b. Current appointment letter (where applicable)
 - c. National Identity Card
 - d. Four Passport size photographs.
 - e. Attach a copy of receipt for (ksh. 1000) application fee – Non refundable

ACCOUNT NAME	BANK	BRANCH ACCOUNT No.
Lukenya University	KCB Bank – Mtito Andei Branch	1179910354

Lipa Na Mpesa: Business No. 522522 A/C No. 1179910354

SECTION A: PERSONAL DETAILS

1. Name
 (Surname) (Other names in full)
2. Date of Birth: Day..... Month..... Year.....
3. Identity Card No..... Passport No.....
4. Contact Address

5. Permanent Address

6. Telephone No: Mobile No:
7. Email
8. Nationality:
 County.....

9. Nearest Town:

10. Gender: Male Female

11. Marital Status

12. Contacts of next of kin in case of emergency

(i) Name.....Relationship.....

Telephone No:Mobile No:

(ii) Name.....Relationship.....

Telephone No:Mobile No.....

13. Contacts of sponsor(s) where applicable

(i) Sponsor's nameTelephone No:

(ii) Sponsor's nameTelephone No:

14. Do you have any form of physical disability? Yes No

If so indicate the form of disability.....

NB: Kindly note that the information on the nature of disability will not be used against the student

SECTION B: PROGRAMME

15. Programme applying for (Tick appropriately):

a. Postgraduate

b. Undergraduate

c. Diploma

d. Certificate

e. Other

16. Name of Degree/Diploma/Certificate applied (e.g. Bachelor of Commerce or Master of Education)

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17. Subject combination

18. Mode of study (Tick as appropriate)

Full Time

Institution - Based

ODeL

Others (Specify).....

19. Institutions attended and qualifications obtained starting with the **latest**.

QUALIFICATION	SCHOOL/COLLEGE/ UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED/ CLASSIFICATION
1. Academic			
a. Postgraduate (Degree/Diploma/Certificate)			
b. Undergraduate (Degree/Diploma/Certificate)			
c. High/Secondary School			
2. Professional			

20. Work/Research experience (where applicable)

OCCUPATION	EMPLOYER	WORK STATION	DURATION

SECTION C: DECLARATION BY THE APPLICANT

I hereby declare that to the best of my knowledge that the information I have provided is correct.

Signature:

Date:

SECTION D: PROCESSING

For Official Use Only:

Observations:

Application Complete

Application incomplete

Application pending

Remarks: (Reasons for incomplete/ pending / others)

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Analyzed by (Admissions section):

Name:

Signature: Date:

SECTION E: AUTHORIZATION

Action to be taken by Dean/Head of Section/Chair Admissions Committee/Chair Dean's Committee

Admit

Reject

Officer Approving: Name.....Sign.....Date.....

Stamp.....

Authorization and follow-up action recommended (e.g. write admission letter, regret letter etc.)

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By

Registrar (Academic):

Signature:

Date:

Official Stamp: