

**EGERTON**P.O. Box 536 – 20115,  
EGERTON, Kenya.**UNIVERSITY**Tel: +254-51-2217802  
Fax: +254-51-2217827  
E-mail: [raa@egerton.ac.ke](mailto:raa@egerton.ac.ke)  
www.egerton.ac.keAffix  
Current  
Passport Photo  
Here**OFFICE OF THE REGISTRAR  
(ACADEMIC AFFAIRS)****APPLICATION FORM FOR  SELF-SPONSORED/ IN-SERVICE UNDERGRADUATE DEGREE OR  
 SELF-SPONSORED/ REGULAR DIPLOMA PROGRAMMES (tick as appropriate)****NOTES:**

- a) This form should be completed and returned to the **REGISTRAR (ACADEMIC AFFAIRS), EGERTON UNIVERSITY, P.O. BOX 536-20115, EGERTON**, on or before the closing date as advertised.
- b) Sections A, B, C and D of this form should be completed in Block Letters.

**Ensure that you attach the Following:**

- c) **Certified** copies of your Result Slip, Certificates and Transcripts.
- d) **ORIGINAL RECEIPT** (Application Fee): **KShs. 2,000** for **ALL Degree Programmes** and **Kshs. 1,000** for all **Undergraduate Diploma Programmes**: Payable to; Account Name; **Egerton University, Kenya Commercial Bank**; Account No: **1108550703**.
- e) Copy of your National ID Card or Birth Certificate.

**SECTION A: PERSONAL DATA**Name: .....  
(Surname) (Other names in full)

Date of Birth: ..... Sex: ..... Marital Status: ..... Religion: .....

Nationality		ID/Passport No	
County		Phone No	
District		P.O. Box	
Constituency		Town	
Email address		Postal Code	

**SECTION B: ACADEMIC HISTORY**

a) Secondary School Attended	Year	Grade
Other Relevant Qualifications		
b) Institution Attended	Year	Qualification/Award

- c) State any relevant academic/professional qualifications or experience

.....

**SECTION C: CHOICE OF COURSES**

State the course(s) for which you wish to be considered for admission.

State whether you are applying for Degree/Diploma: _____		
Write below, the title of the Course(s) you are applying for;	Mode of Study (Self-sponsored/ Inservice/ Regular)	Fulltime/ Part-time
First:		
Second:		
Preferred Campus (Njoro, Nakuru Town, A.I.C.O, K.I.P.C. Nairobi/Nakuru/Kisumu): _____		

- a) Have you ever been admitted to Egerton University previously (YES/NO)? \_\_\_\_\_  
 If YES, indicate the previous Registration number.....  
 Give reasons for applying afresh.....  
 Indicate how you intend to finance your studies.....

**SECTION D: DECLARATION**

I certify that the information given in this application form is correct to the best of my knowledge

Sign..... Date.....

- b) Name of Employer (if any).....

Recommendation .....

Designation..... Sign.....

Official Stamp

**SECTION E: FOR OFFICIAL USE ONLY**

- a) Recommendation of the Head of Department (**Recommended/Not Recommended**)

Comments.....

Sign..... Date.....

Official stamp

- b) Recommendation of the Dean of Faculty (**Recommended/Not Recommended**)

Comments.....

Sign..... Date.....

Official stamp

- c) Recommendation of the Deans Committee (**Recommended/Not Recommended**)

Comments.....

Sign..... Date.....

Official stamp

- d) Approval by Registrar (AA)

Sign..... Date.....