

**CHUKA**



**UNIVERSITY**

Telephone: 020 2310512  
020 2329073

**COLLEGE**

P.O Box 109 -60400  
CHUKA

**AFFIX CURRENT  
PASSPORT PHOTO  
HERE**

Fax line: 020 2310302

**OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS**

**APPLICATION FORM FOR SELF-SPONSORED UNDERGRADUATE DEGREE\_\_\_\_DIPLOMA\_\_\_\_ AND  
CERTIFICATE\_\_\_\_ PROGRAMMES (tick as appropriate)**

**NOTES:**

- a) This form should be completed and returned to the REGISTRAR (ACADEMIC AFFAIRS), CHUKA UNIVERSITY COLLEGE, P.O. BOX 109 -60400, **CHUKA**, 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, Kshs. 2,000 for all Undergraduate Diploma Programmes and Kshs. 1,000 for All Certificate Programmes: Payable to; Account Name; Chuka University College, Kenya Commercial Bank; Account No: 1103755439 OR Cooperative Bank; Account No: 0112905818900.
- 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: .....

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

**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.....

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### 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/Certificate : _____				
Write below, the title of the Course(s) you are applying for;	Mode of Study			
	SSP Regular	Evening	Weekend	Sch. based Mode
First: _____				
Second: _____				
Preferred Campus (Chuka, Embu Town, Igembe ) : _____				

a) Have you ever been admitted to Chuka University College 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.....

Official stamp