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JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY  
CONTINUING EDUCATION PROGRAMME

STUDENT APPLICATION/REGISTRATION FORM  
(CERTIFICATE/DIPLOMA COURSES)  
(To be filled in duplicate)

Surname: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
Other Names: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
ID/Passport No: \_\_\_\_\_

**Indicate the course applied for:**

- Certificate in Information Technology
- Diploma in Information Technology
- Diploma in Computer Technology
- Certificate in Management and Information Technology
- Diploma in Management and Information Technology
- Certificate in Purchasing and supplies Management
- Diploma in Purchasing and supplies Management
- Diploma in Business Information Technology
- Diploma in Business Administration
- Diploma in Public Relations, Advertising & Sales
- Diploma in Mass Communication
- Diploma in Mechanical Engineering
- Diploma in Electrical/Electronic Engineering
- Diploma in Clinical Medicine
- Certificate in HIV/AIDS Management
- Diploma in HIV/AIDS Management
- Diploma in Human Resource Management
- Diploma in Community Development
- Diploma in Microfinance
- Bridging Course in Information Technology

Intake Date: \_\_\_\_\_  
Centre of Study: \_\_\_\_\_

**EDUCATION**

Schools Attended	Dates – From (year) to (year)	Qualification

**NB: (Attach to each form Certified Copies of the relevant Certificates, Result slips, National Identity Card, Birth Certificate and two Recent Passport Size Photographs)**

Sponsorship

Self:

Others (parent, Organization): \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name and Address of the nearest relative, person or agency to be contacted in case of emergency;

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**TERMS AND CONDITIONS**

1. Course fees must be paid in advance at the time of booking, unless prior credit arrangements are made and approved by an authorized officer of the Company.
2. Where credit is granted, the account must be settled within the agreed period otherwise a monthly penalty charge of 3% will be levied on a cumulative basis.
3. A 20% fee will be charged for any bookings cancelled or abandonment of classes.
4. There will be no refund for any bookings cancelled or abandonment of classes once they have commenced.
5. A Ksh. 1,000 service fee will be charged on all returned cheques.
6. The center accepts no liability for loss or damage to any property brought or left on the premises by students.
7. Students will be charged for any damages caused to equipment by their negligence.
8. Certificates will only be awarded after fulfillment of all the particular course's requirements.

I certify that the information/statements made by me on this form are correct and complete. I further certify that I have read, understood and agreed to comply with the terms stipulated herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSOR'S UNDERTAKING**

We, the undersigned, hereby confirm that the applicant will be sponsored by ourselves for the listed courses. Please bill us. Payment will be made within \_\_\_\_\_ days.

Name of Sponsor: \_\_\_\_\_ Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All correspondences should be addressed to:-

The Head of Institution where the Application forms are obtained.

**FOR OFFICIAL USE ONLY**

Serial No.	Receipt No.	Sponsor	Date Received	Selected	Not Selected

Sign: \_\_\_\_\_ Date: \_\_\_\_\_