Application Ref. No. _____

Appl. Fee Receipt No. _____

Affix one of your Current passport size Photograph here

MAKUENI UNIVERSITY COLLEGE (MUCO)

OFFICE OF THE ACADEMIC REGISTRAR

P.O. Box 441 – 90300,
MAKUENI, KENYA
Email: www@muco.ac.ke

Tel: ***+254 111 417 951***
Web: www.muco.ac.ke

UNDERGRADUATE APPLICATION FORM FOR SELF-SPONSORED APPLICANTS

Read the instructions carefully before completing this form. Complete all sections in BLOCK LETTERS and attach the required supporting documents. Return the completed form to the Academic Registrar's Office, Makueni University College. You are required to pay a non-refundable application fee of ***Ksh. 2,000/-*** *through the* ***Kenya Commercial Bank (KCB), WOTE Branch account number*** **1352910128**

NOTE: Attach certified copies of your academic certificates and transcripts, a copy of your National ID/Passport/Birth Certificate, 2 Passport Size photographs, and proof of payment of the application fees.

1. APPLICANT'S PERSONAL DETAILS

Surname _____ Middle Name _____ Other Names _____
(Start with Surname)

Title: Prof [ ] Dr [ ] Mr [ ] Mrs [ ] Ms [ ] Other [ ] Gender: Male [ ] Female [ ]

Date of Birth *(DDMMYYYY)*: _____ Nationality: _____

National ID / Passport No: _____ County: _____

Sub-County: _____ Country of Residence: _____

2. CONTACT INFORMATION

Postal Address: P.O. Box: _____ Postal Code: _____ Town/City: _____

Mobile Phone: _____ Email Address: _____

3. PARENT / GUARDIAN DETAILS

Father's Name: _____ Occupation: _____

Phone Number: _____ Email Address: _____

Mother's Name: _____ Occupation: _____

Phone Number: _____ Email Address: _____

Guardian's Name (if applicable): _____ Occupation: _____

Phone Number: _____ Email Address: _____

4. EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

5. EDUCATIONAL BACKGROUND

Sec. & Post-Sec. Schools Attended	Country	From	To	Qualification Obtained	Index no. / Exam Registration No.

6. PROGRAMME APPLIED

Programme Name: _____

Mode of Study: Regular [ ] Evening [ ] Weekend [ ]

Preferred Intake: January [ ] May [ ] September [ ]

7. CAMPUS PREFERENCE

Main Campus (Wote) [ ] Other Campus (Specify): _____

8. FINANCING OF STUDIES

Self [ ] Parent/Guardian [ ] HELB/Government [ ] Sponsor [ ] (Specify): _____

9. SPECIAL NEEDS / DISABILITY

Do you have any disability or special needs? Yes [ ] No [ ]

If yes, specify: _____

10. DECLARATION AND CONSENT

I declare that the information provided in this application form is true and correct to the best of my knowledge. I understand that any false information may lead to disqualification or cancellation of admission. I hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of Makueni University College (MUCO) and will neither be forwarded to another institution nor returned to me. I will include with this application my application fee receipt and other documents as required in the application Instructions. I further permit Makueni University College (MUCO) to process my data within the provisions of the law, and to store my data as per MUCO's policy.

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Application No: _____ Received By: _____

Signature: _____ Date & Stamp: _____

11. REGISTRAR'S RECOMMENDATION

Admissible [ ] Not Admissible [ ]

Comments:

_____

_____

_____

Signature: _____ Date & Stamp: _____