INOORERO UNIVERSITY

INOORERO CENTRE, FOREST ROAD, PARKLANDS. TEL: 3750255-8 FAX 3750260
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INOORERO UNIVERSITY
Refining to Distinction

APPLICATION FOR ADMISSION

Three Passport size Photo-graphs must be attached here

This form must be filled in **BLOCK CAPITALS**. Before filling out this form, please ensure that you have fully read the relevant prospectus for the course applied for.

APPLICATION FOR A PLACE ON THE:

_____ **COURSE**

FULL-TIME/PART-TIME (delete as necessary)

COMMENCING (DD/MM/YY) _____

I GENERAL INFORMATION

NAME(SURNAME FIRST): _____
(Clearly indicate as preferred to appear on the certificate)

DATE OF BIRTH (DAY/MONTH/YEAR) _____ **SEX:**(M/F) _____

PASSPORT/IDENTITY CARD NO: (Please specify)
(Certified True Copies of either both sides of the applicant's ID OR the first three pages of the applicant's passport must be attached to the application)

PERMANENT HOME ADDRESS: _____

ADDRESS FOR CORRESPONDENCE: _____
(If different from above)

TELEPHONE: _____ **HOME:** _____ **OFFICE:** _____

MOBILE NUMBER/ FAX: _____ **EMAIL ADDRESS:** _____

II EDUCATION /PROFESSIONAL BACKGROUND

School examinations taken/to be taken (e.g. KCSE/GCSE, KCE, KACE/EACE etc). _____
(Please attach a Certificate Copy of the relevant results slip)

YEAR SAT/TO BE SAT: _____ AGGREGATE RESULT (if already taken): _____

Name of High School: _____

Additional Professional Course(s) taken: _____
(Please attach Certified copy of award where applicable)
Work experince where applicable(giving most recent employer first): _____

Employer 1: _____
Position: _____ Duration: _____

Employer 2: _____
Position _____ Duration _____

Ensure you get the official receipt for the application form. (Attach Receipt to the Application form)
Receipt No. .....
Serial No. .....

III PARENT/GUARDIAN/SPONSOR'S DETAILS

NAME: _____

ADDRESS _____

TELEPHONE: OFFICE _____ HOME: _____

MOBILE NO/ FAX: _____ EMAIL: _____

IV NEXT OF KIN DETAILS(Somebody who can be contacted incase of an emergency)

NAME: _____

RELATIONSHIP _____

ADDRESS _____

TELEPHONE: OFFICE _____ HOME: _____

MOBILE NO/ FAX: _____ EMAIL: _____

V ATTACHMENTS

Please ensure that you have attached Ceritifed copies of the following: FOR OFFICIAL USE

1. Three Passport size Photographs _____
2. Certified Copies of Academic Certificates _____
3. Photocopy of I/D or Passport _____
4. A copy of Curriculum Vitae (CV) (Mature students only) _____

VI MEDICAL HISTORY

Indicate any medical ailment/ allergies that the school should be aware of, incase of an emergency (i) _____

(ii) _____

DECLARATION

I hereby declare that all infomation submitted on this application form, and materials attached in support thereof are true, correct and complete to the best of my ability and knowledge, and that all required information has been disclosed.

SIGNED: _____ **DATE:** _____

VII FURTHER INFORMATION

How did you find out about the course you have applied for (tick where applicable):

1. IU Brochure/Prospectus _____
2. Daily Newspaper (please specify name) _____
3. Professional Publication (please specify name) _____
4. Exhibition/ School visits _____
5. Students of IU (indicate current or former) _____
6. Recommended by Professional Body (e.g. CIM) (please specify name) _____
7. Other (please give details) _____
8. Friends _____
9. Relatives _____
10. Radio - specify _____
11. IU Employee _____
12. Business Colleague _____

Completed forms should be returned to:

The Registrar
INOORERO UNIVERSITY
P.O. Box 60550-00200
NAIROBI
Email :registrar@iu.ac.ke