Serial No.....



### APPLICATION FORM FOR ADMISSION INTO UNDERGRADUATE PROGRAMMES.

#### **NOTES:**

- (i) This form should be filled in by typing or handwritten in BLOCK CAPITAL LETTERS in the spaces provided.
- (ii) The completed forms should be returned to: The Registrar (Academic), Pwani University, P. O. Box 195-80108, KILIFI-KENYA.
- (iii) The following documents must accompany the completed application form:
  - Professional and academic Certificates/Transcripts
  - Current letter of appointment (where applicable)
  - Four (4) recently taken one by one inch (1" x 1") photographs of good quality.
- (iv) The applicants are expected to pay the following non-refundable fees for processing of the application. The original receipt <u>Must be attached</u> to the completed form on returning it to the University.
  - East Africans: Ksh. 2000/= for Degree Programmes, Ksh 1000/= for Diploma Programmes, and Ksh. 500/= for Certificate Programmes
  - Non-East Africans: Ksh 3,500/= for all Programmes.
  - The money must be paid into one of the following University bank accounts: Equity Bank Ltd (Kilifi Branch) Acc. No. 0460291566407, or Barclays Bank Ltd (Kilifi branch) Acc. No. 1046501.

### SECTION A: PERSONAL DATA.

1.	Name		
	(Surname)	(Other Names in full)	
2.	Date of Birth: Day	Month	Year
3.	Citizenship:		
4.	Identity Card No:		.Passport
5.	Gender:	Marital Status	
6.	Contact Address		
7.	Permanent Address		
8.	Nearest Town:		
9.	CountyD	District	Constituency
10.	Telephone Number:	Mobile No	
11.	Email		

# SECTION B: EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS/EXPERIENCE.

Qualifications	School/College/University	Year of	Grade
		Completion	Obtained
i) Academic (e.g. KCPE)			
ii) Professional (e.g. Dip)			

12. Institutions attended and Qualifications obtained.

13. Work Experience (where applicable).

Employer	Station of Work	Occupation	Period

## SECTION C: PROGRAMME APPLIED FOR AND MODE OF STUDY.

14. Programme
i. Degree:
(e.g. B. Ed. (Arts), B. Sc., Bachelor of Commerce, etc).
ii. Diploma:
(e.g. Diploma ECE, Animal Health Mgt, Community Dev., etc).
iii. Certificate:
15. Mode of study: (i) Full -Time (ii) School-Based (iii) Part-Time
16. Campus: (i) Kilifi Campus (ii) Mombasa Campus
SECTION D: DECLARATION BY THE APPLICANT.
I hereby declare to the best of my knowledge that the information I have given is correct.

Signature.....Date.....

## PU/ADMS/UAF/01