



**MASENO UNIVERSITY**  
**OFFICE OF THE REGISTRAR, ACADEMIC & STUDENT AFFAIRS**

Tel:254-057-51622, 51620, 510089, 51011  
 Fax: 254 – 057-51221, 51153

Private Bag  
**MASENO**  
[www.maseno.ac.ke](http://www.maseno.ac.ke)

AFFIX PASSPORT  
 SIZE PHOTO

Date of receipt of Application from Client

\_\_\_\_/\_\_\_\_/\_\_\_\_

Application No. \_\_\_\_\_

**NOTE:**

- i. That the completed form should be submitted to the ACADEMIC REGISTRAR, MASENO UNIVERSITY, PRIVATE BAG MASENO
- ii. That all candidates applying must attach copies of their certificates/transcripts, Identity Card/Waiting Card/Birth Certificate, Original Receipt of the Fee and School Leaving Certificate.
- iii. Applicant should also indicate the campus of interest whether, eCampus(**eLearning/Distance**), Kisumu Campus (**Day/Evening/Weekend/Sandwich**), Homa-Bay Campus (**Day, Weekend/Sandwich**) or Maseno Main Campus (**Regular**)
- iv. That only successful candidates will be contacted.
- v. That the names appearing on this for should be the same as those on your certificates.

**1. PERSONAL DETAILS:**

Surname/Family Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Day      Month      Year

Gender:       Male               Female

Marital Status:       Single               Married

Nationality: \_\_\_\_\_

County of Residence: \_\_\_\_\_

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

Address for Correspondence: \_\_\_\_\_

**2. DEGREE OF CHOICE:**

State two (2) degree courses for which you wish to be considered in order of preference.

**FIRST CHOICE:**

DEGREE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**SECOND CHOICE:**

DEGREE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_



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**3. ACADEMIC BACKGROUND:**

i. KENYA CERTIFICATE OF SECONDARY EDUCATION (KCSE)/KCE/EACE OR Equivalent Examination passed. Candidates offering alternative qualifications must attach copy (ies) of certificates(s).

Last Secondary/High School attended: \_\_\_\_\_  
 Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Year of Examination: \_\_\_\_\_ Index Number: \_\_\_\_\_  
 Examination body: \_\_\_\_\_  
 Mean Grade: \_\_\_\_\_ Points: \_\_\_\_\_

SUBJECT	GRADE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

ii. KENYA ADVANCED CERTIFICATE OF EDUCATION (KACE), OR EAACE OR Equivalent. (Write N/A if Not applicable)

High School Attended: \_\_\_\_\_  
 Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Year of Examination: \_\_\_\_\_ Index Number: \_\_\_\_\_  
 Examination Body: \_\_\_\_\_  
 Result: Principle Pass(es): \_\_\_\_\_ Subsidiary Pass(es)

SUBJECT	GRADE
_____	_____
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**4. PROFESSIONAL OR OTHER QUALIFICATION(S)**

Give details where obtained, dates and certificates(s) awarded. (Attach documentary proof).

Qualifications	Where obtained	Dates	Award

**5. EMPLOYMENT HISTORY**

List all relevant work experience previous and current.

Date of Employment		Job title

**6. ACADEMIC REFEREES(Applicable only to degree applicants)**

Give names, contacts and designation of two referees.

**REFEREE 1**

Name, Title and Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**REFEREE 2**

Name, Title and Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I declare that all statements on this application from and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant: \_\_\_\_\_

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

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**Recommendation of Head of Department**

Name of H.O.D: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Recommendation of Dean/Director of School**

Name of Dean/Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Recommendation of Admissions Board:**

Admitted/Not Admitted for: \_\_\_\_\_

Degree: \_\_\_\_\_ Department: \_\_\_\_\_

Deferred until: \_\_\_\_\_ Date of meeting: \_\_\_/\_\_\_/\_\_\_

**FOR OFFICIAL USE ONLY**

<b>ACADEMIC DIVISION USE:</b>	<b>OFFICIAL STAMP</b>
<b>RECEIPT OF APPLICATION FORM FROM SCHOOL</b>	<b>PROVISIONAL ADMISSION ISSUED ON:</b>
Date of receipt: ___/___/___	___/___/___
Name of officer receiving: _____	
Signature: _____	

**NOTE:** The University reserves the right to request and obtain further information from any educational institution or employer which may be required to confirm or clarify your suitability for the course applied for.