



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

Tel: 254-057-51622, 51620, 51008, 51011  
Fax: 254-057-51221, 51153

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



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 Application Fee and School Leaving Certificate.
- iii. Applicants should also indicate the campus of interest whether: eCampus(eLearning/Distance), Kisumu City Campus (**Day/Evening/Weekend/Sandwich**), Homa-Bay (**Day,Weekend/Sandwich**) or Maseno Main Campus (**Regular**).
- iv. That only successful candidates will be contacted.
- v. That the names appearing on this form 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: \_\_\_\_\_  
Country of Residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address for Correspondence: \_\_\_\_\_

**2. PROGRAMME APPLIED FOR (Tick as appropriate):**

Certificate  Diploma

**CERTIFICATE/DIPLOMA APPLIED FOR:** \_\_\_\_\_

MODE OF STUDY:  Day (Full Time)  Evening  Weekend  eLearning

CAMPUS OF CHOICE:  eCampus  Kisumu City Campus  Homa-Bay



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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 certificate(s).

Last Secondary/High School attended: \_\_\_\_\_  
Date of Admission: \_\_\_/\_\_\_/\_\_\_                      Date of Completion: \_\_\_/\_\_\_/\_\_\_  
Year of Examination: \_\_\_\_\_                      Index Number: \_\_\_\_\_  
Examination body: \_\_\_\_\_  
MEAN GRADE: \_\_\_\_\_                      POINTS: \_\_\_\_\_

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

ii. KENYA ADVANCED CERTIFICATE OF EDUCATION (KACE), 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 certificate(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
From	To	

**6.** 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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**FOR OFFICIAL USE ONLY**

**ACADEMIC DIVISION USE:**

**OFFICIAL STAMP**

**RECEIPT OF APPLICATION FORM**

Date of receipt: \_\_\_/\_\_\_/\_\_\_\_\_

Name of officer receiving: \_\_\_\_\_

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

**Recommendation of Head of Department:**

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

**Recommendation of the Dean/Director of School/Faculty:**

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

**Recommendation of Admissions Board:**

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

Degree/Diploma/Certificate: \_\_\_\_\_ Department: \_\_\_\_\_

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

**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 courser applied for.



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