



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



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. DEGREE OF CHOICE:

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

FIRST CHOICE:

DEGREE: _____ FACULTY: _____

SECOND CHOICE:

DEGREE: _____ FACULTY: _____



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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. 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 1

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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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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