



Affix a recent photograph here

Serial No.

KIMATHI UNIVERSITY COLLEGE OF TECHNOLOGY

P.O. BOX 657 10100 – NYERI KENYA
Fax: 020-241797 CELL PHONE: 0723-366363, 0736456391
TELKOM WIRELESS 020-2327092 EMAIL:scsit@kuct.ac.ke

SCHOOL OF COMPUTER SCIENCE AND INFORMATION TECHNOLOGY

STUDENT APPLICATION FORM (DEGREE/DIPLOMA /CERTIFICATE COURSES)
(To be filled in duplicate)

Surname: Gender: (M/F)

Other names:

Address:

Telephone: E-mail:

Date of birth: Nationality:.....

ID/Passport NO:

Indicate the courses applied for in order of preference:-

CHOICE	COURSE
1	
2	
3	

Intake Date:

Education

SCHOOLS ATTENDED	DATES From (Year) To (Year)		QUALIFICATION

N/B: (Attach certified copies of the relevant certifications and two passport sized photographs)

Sponsorship

Self: []

Others (Parent, Organization):..... Address:

Telephone: Contact person

Name and address of nearest relative, person or agency to be contacted in case of emergency;

Name: Relationship:

Address:

Telephone:

TERMS AND CONDITIONS

1. Course fees must be paid in advance at the time of booking, unless prior credit arrangement are made and approved by an authorized officer of the company.
2. Where credit is granted, the account must be settled within the agreed period otherwise a monthly penalty charge of 3% will be levied on a cumulative basis.
3. A 20% fee will be charged on any bookings cancelled before commencement of classes.
4. There will be no refund of any bookings cancelled or abandonment of classes once they have commenced.
5. A Kshs. 1,000 service fee will be charged on all returned cheques.
6. The centre accepts no liability whatsoever for any injuries inflicted during the course of training.
7. The centre do not accept any liability for loss or damage to any property brought or left on the premises by students.
8. Students will be charged for any damages caused to equipment by their negligence.
9. Certificates will only be awarded after the fulfillment of all the particular course's requirements.

DECLARATIONS

I certify that the information /statements made by me on this form are correct and complete. I further certify that I have read, understood and agreed to comply with the terms stimulated herein.

Signature: Date:

SPONSOR'S UNDERTAKING

We, the undersigned, hereby confirm that the applicant will be sponsored by ourselves for the listed courses.

Please bill us. Payment will be made within Days.

Name of Sponsor:Authorized signature

Date:

All correspondence should be addressed to:-

Director, School of Computer Science and Information Technology, Kimathi University College of Technology, P. O. Box 657-10100 NYERI.

FOR OFFICIAL USE ONLY

Serial No.	Receipt No.	Sponsor	Date Received	Selected	Not selected

Sign: Date:

Director, School of Computer Science and Information Technology