



*Affix one of your  
Current passport size  
Photograph here*

APPLICATION REF. NO.....  
APPL. FEE RECEIPT. NO.....

## SOUTH EASTERN KENYA UNIVERSITY

P.O. BOX 170-90200,  
KITUI, KENYA  
www.seku.ac.ke

TEL : +254748605996/7 or +254114703941 (KITUI)  
Email: [registrar-academic@seku.ac.ke](mailto:registrar-academic@seku.ac.ke)

### OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)

#### APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE PROGRAMMES (SELF-SPONSORED (MODULE II) STUDENTS)

(Two copies of this form should be completed and returned/sent to the Registrar (Academic & Student Affairs). The form should be completed in Block letters. Attach two passport size photographs, copy of Result slip/ or Certificates and any other supporting documents).

#### SECTION A: - Applicant's Personal Details

- a. Name.....  
(Surname) (Other names in full)  
Date of Birth (DD/MON./YYYY)..... Gender.....  
Marital Status..... Religion ..... Nationality .....  
National I.D..... Passport No. ....  
Postal Address.....Postal Code..... Town/City.....  
Home: County.....Sub County..... District .....  
Constituency .....
- Mobile..... Telephone ..... E-Mail.....
- b. Name of Next of Kin..... Relationship.....  
Postal Address.....  
Postal Code..... Town/City..... Country.....  
Mobile..... Telephone ..... E-Mail.....
- c. Emergence Contact Person.....Relationship.....  
Postal Address.....  
Postal Code..... Town/City..... Country.....  
Mobile.....Telephone ..... E-Mail.....

**SECTION B: - Course Application Details**

a. Name of Degree/Diploma/ Certificate course applied for ( List three in order of preference)

1. ....
2. ....
3. ....

b. Date of Commencement.....Semester/Term.....Academic year.....

c. Department (*Where Applicable*).....

d. School.....

e. Campus ( Rank the campuses where you prefer to study from in order of preference)

SEKU Main Campus    
  Kitui Town Campus    
  Wote Town Campus  
 Mtito-Andei Town Campus

**Note: The University does not guarantee accommodation in any of its campuses.**

f. Mode of Study

Weekdays (8.00 am to 5.00 pm)    
  Evening (5.30 pm to 8.30 pm)    
  Part-time/ (School / Institution Based)

**SECTION C - Applicant’s Educational Background**

Please list all schools

Sec. & Post – Sec Schools	School Address	From	To	Qualification Obtained	Index No./ Exam Reg. No

**PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS**



**SECTION D- Applicant's Working Experience**

FROM	TO	EMPLOYER	DESIGNATION	NATURE OF ASSIGNMENT

**SECTION E- Applicant's Academic Referees**

Give names and addresses of two referees.

i. Name.....  
 Postal Address.....

Postal Code..... Town/City..... Country.....

Telephone..... Fax..... E-Mail.....

ii. Name.....  
 Postal Address.....

Postal Code..... Town/City..... Country.....

Telephone..... Fax..... E-Mail.....

**SECTION F- Applicant's Declaration**

I declare that the information herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicants Full Names..... ID/Passport No.....

Date..... Applicant's Signature.....



**SECTION G - Evaluation (For Official Use Only)**

(i) Application form received:

Signed.....  
Registrar (Academic & Student Affairs)

Date and Stamp.....

(ii) Recommendation of Department: **ACCEPT**  **REJECT**

Signed .....

Date and Stamp.....

Chairman, Department of.....

(iii) Recommendation of School/Institute : **ACCEPT**  **REJECT**

Signed.....

Date and Stamp.....

Dean/Director, School/Institute of.....

(iv) Approval by Deans' Committee: **ACCEPT**  **REJECT**

Signed.....  
Chairman, Deans' Committee

Date and Stamp.....

