



# Mount Kenya University

## APPLICATION FORM

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN WITH YOUR  
NON-REFUNDABLE APPLICATION FEE AND OTHER SUPPORTING DOCUMENTS TO:

Mount Kenya University, Registrar Academic Affairs Office  
P.O. Box 342-01000 THIKA, KENYA

Tel: +254 0672820000

Mobile Phone: +254 720790796; +254 709153000

Email: [info@mku.ac.ke](mailto:info@mku.ac.ke) / [admissions@mku.ac.ke](mailto:admissions@mku.ac.ke)

PLEASE WRITE IN CAPITAL LETTERS.

### 1. APPLICANT'S DETAILS

FULL NAMES (as per secondary school certificates or its equivalent)				
TITLE	MR [ ]	MRS [ ]	MS [ ]	GENDER Male [ ] Female [ ]

DATE OF BIRTH	NATIONALITY.	NATIONAL ID/PASSPORT NO.
COUNTY	SUB- COUNTY	LOCATION
*COUNTRY OF RESIDENCE	*CITY	

### 2. PERMANENT ADDRESS

P.O.BOX	EMAIL
MOBILE PHONE	TOWN

### 3. PARENT/GUARDIAN INFORMATION

NAME OF THE FATHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ ALIVE
NAME OF THE MOTHER:	PHONE NUMBER:	OCCUPATION:	DECEASED/ ALIVE
NAME OF THE GUARDIAN:	PHONE NUMBER:	OCCUPATION:	

### 4. EMERGENCY CONTACTS

NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP
NAME:	PHONE NUMBER:	OCCUPATION:	RELATIONSHIP

### 5. EDUCATIONAL BACKGROUND:

#### a. Secondary Education

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED	MEAN GRADE

#### b. Post-Secondary Education

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE/DEGREE AWARDED	CLASSIFICATION

### 6. EDUCATIONAL PLANS (tick appropriate)

