APPLICATION FORM FOR INTERNATIONAL STUDENTS
(UNDERGRADUATE STUDENTS)

A copy of this form should be completed and returned to International Office at the above address by March of any academic year. (First Semester commences in August and Second Semester in January). School of Medicine semester dates commence in January of each academic year. Non-refundable Application Fee US $20.00 East African Community and US$ 40.00 Rest of the World.

SECTION A

PERSONAL DATA

1) Applicant’s Name:........................................................................................................................................
   Surname         First name         Middle name

2) Current Contact (Postal Address): .........................................................................................................................
   …………………………………………………………………………………………………………………………………………..
   Telephone:(With Country Code)………………………………………………………………………………………………
   Email:.................................................................................................................................................................
   Fax:....................................................................................................................................................................

3) Nationality: …………..Date of Birth: …………..  Passport No. …………………………………..…………………..

4) Marital Status...........................................................................................................................................................

5) Gender:  Male □  Female □  (Tick as appropriate)

6) A person with physical disability please specify…………………………………………………………………………
   …………………………………………………………………………………………………………………………………………..

Affix three of your current passport size photographs
EDUCATIONAL BACKGROUND

RECORD OF SECONDARY/HIGH SCHOOL EDUCATION
(Append Certified Copies of Result Slips/Transcript and Certificates)

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>FROM</th>
<th>TO</th>
<th>CERTIFICATES AND GRADES OBTAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COLLEGE/UNIVERSITY EDUCATION
(Append Certified Copies of Result Slips/Transcripts and Certificates)

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY</th>
<th>FROM</th>
<th>TO</th>
<th>CERTIFICATES AND GRADES OBTAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WORK/PROFESSIONAL EXPERIENCE (IF ANY)

<table>
<thead>
<tr>
<th>POSITION</th>
<th>FROM</th>
<th>TO</th>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION B

DEGREE/DIPLOMA/CERTIFICATE

1) Programme applying for: ...........................................................................................................

2) Would you rate your English Communication Skills as
   [ ] Poor    [ ] Fair    [ ] Good    [ ] Very Good    [ ] Excellent

3) Would you like to enroll in an intensive Bridging Course in English offered at Moi University?
   ……………………………………………………………………………………………………………………………
4) Financial Sponsorship: How do you plan to finance your education at Moi University?

☐ Self ☐ Parent/Guardian ☐ Sponsorship ☐ Scholarship

Name…………………………………………………………………………………………………………………

Address………………………………………………………………………………………………………………

Email…………………………………………Tel No…………………………………………………………..

Note: If Parent/Guardian, Sponsorship/Scholarship attach a letter of commitment

If none of the above, specify: …………………………………………………………………………………

5) Two referees: one of which must be the head of your former/current institution should sign in the space below:-

(i) Name:………………………………………………………………………………………………………………

Address………………………………………………………………………………………………………………

Email………………………………………………………………………………………………………………

Status………………………………………………………………………………………………………………

Signature:…………………………………… Date:…………………………………………………………

(ii) Name:………………………………………………………………………………………………………………

Address………………………………………………………………………………………………………………

Email………………………………………………………………………………………………………………

Status………………………………………………………………………………………………………………

Signature:…………………………………… Date:…………………………………………………………

Signature of Applicant:…………………………………… Date:………………………………………………

6) In case of an emergency contact:

i) …………………………………………………………………………………………………………………

Email:…………………………………………Tel. No…………………………………………………………

ii) …………………………………………………………………………………………………………………

Email:…………………………………………Tel. No…………………………………………………………
SECTION C (FOR OFFICIAL USE ONLY)

1) Application  Approved ☐  Not Approved ☐

2) Reason.................................................................................................................................
...............................................................................................................................................
...............................................................................................................................................  

3) School/Department:..............................................................................................................