



**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

AFFIX PASSPORT
SIZE PHOTO

APPLICATION FORM FOR CERTIFICATE COURSE: E-CAMPUS

NOTE:

- i. That the completed form should be sent by courier to the DIRECTOR E-CAMPUS, MASENO UNIVERSITY, VARSITY PLAZA 10TH FLOOR, WING A. P.O. BOX 3275-40100, KISUMU.
- ii. That all candidates applying must attach copies of their certificates/transcripts, Identity Card/Waiting Card/Birth Certificate and School Leaving Certificate.
- iii. That only successful candidates will be contacted.
- iv. 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: _____

ID/Passport: _____

Country of Residence: _____

Telephone: _____ Email: _____

Address for Correspondence: _____

2. CERTIFICATE COURSE APPLIED FOR (Tick as appropriate):

Certificate in Basic Statistics (eStats)
 Certificate in Bridging Mathematics



Maseno University is ISO 9001:2008 Certified



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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. I declare that all statements on this application form 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: ____/____/_____

NOTE:

Once your application is received at the eCampus and confirmed as complete, it will be forwarded to the Office of the Registrar, Academic Affairs for further action.



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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 course applied for.



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