



**MASENO UNIVERSITY
OFFICE OF THE REGISTRAR, ACADEMIC**

Tel: 254-057-51622, 51620, 51008, 51011
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Private Bag
MASENO
www.maseno.ac.ke

AFFIX
PASSPORT
SIZE
PHOTO

APPLICATION FORM FOR UNDERGRADUATE E-LEARNING PROGRAMMES

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. DEGREE APPLIED FOR:

- ☐ Bachelor of Business Administration (BBA, With IT) (Only Human Resource, Marketing and Finance Specialization available)
- ☐ Bachelor of Science (Mathematics and Business Studies, With IT)
- ☐ Bachelor of Science (Mathematical Sciences, With IT)



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- ☐ Bachelor of Science (Actuarial Science, With IT)
☐ Bachelor of Science (Applied Statistics, With IT)

3.ACADEMICBACKGROUND:

i. KENYA CERTIFICATE OF SECONDARY EDUCATION (KCSE)/KCE/EACE or Equivalent Examination passed. Candidates offering alternative qualifications must attach copy (ies) of certificate(s).

Last Secondary/High School attended: _____
Date of Admission: ____/____/____ Date of Completion: ____/____/____
Year of Examination: _____ Index Number: _____

Examination body: _____
MEANGRADE: _____ POINTS: _____

SUBJECT	GRADE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ii. KENYA ADVANCED CERTIFICATE OF EDUCATION (KACE),EAACE or Equivalent.(Write N/A if Not Applicable)

High School Attended: _____
Date of Admission: ____/____/____ Date of Graduation: ____/____/____
Year of Examination: _____ Index Number: _____

Examination Body: _____
Result: Principle Pass(es): _____ Subsidiary Pass(es): _____



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SUBJECT GRADE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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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. ACADEMIC REFEREES (Applicable only to degree applicants)

Give names, contacts and designation of two referees.

REFEREE 1

Name, Title and Address: _____

Tel: _____ Fax: _____ Email: _____

REFEREE 2

Name, Title and Address: _____

Tel: _____ Fax: _____ Email: _____

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 courser applied for.



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