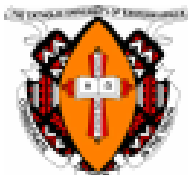


**THE
CATHOLIC UNIVERSITY
OF EASTERN AFRICA
A.M.E.C.E.A.**



P. O. Box 62157
Nairobi - 00200
KENYA
Telephone: 254-20-891601-6
Fax: 254-20-891084
Email: admissions@cuea.edu

APPLICATION FOR ADMISSION

Complete both sides of this application and send it to: Admissions Office, P.O. Box 62157, Nairobi - 00200 Kenya, with a non-refundable application fee of Kshs. **2,000** (banker's cheque or bank deposit slip) made payable to: The Catholic University of Eastern Africa.

SECTION 1: PERSONAL DATA

SURNAME	OTHER NAMES	PASSPORT/ID NO.	DATE OF BIRTH

Permanent Address	Telephone/Mobile NO.	E-mail
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<p><u>GENDER</u></p> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<p><u>MARITAL STATUS</u></p> <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	<p>Do you have any disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, state nature of disability _____</p>
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<p><u>CITIZENSHIP/COUNTRY</u></p> <input type="checkbox"/> ERITREA <input type="checkbox"/> ETHIOPIA <input type="checkbox"/> KENYA <input type="checkbox"/> MALAWI <input type="checkbox"/> SUDAN <input type="checkbox"/> TANZANIA <input type="checkbox"/> UGANDA <input type="checkbox"/> ZAMBIA <input type="checkbox"/> OTHER, SPECIFY _____	<p><u>RELIGIOUS AFFILIATION</u></p> <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT; SPECIFY _____ <input type="checkbox"/> MUSLIM <input type="checkbox"/> HINDU <input type="checkbox"/> OTHER; SPECIFY _____	<p><u>FOR CATHOLICS ONLY</u></p> <input type="checkbox"/> RELIGIOUS PRIEST <input type="checkbox"/> DEACON <input type="checkbox"/> RELIGIOUS BROTHER <input type="checkbox"/> RELIGIOUS SISTER <input type="checkbox"/> DIOCESAN PRIEST; SPECIFY DIOCESE _____ <input type="checkbox"/> RELIGIOUS; NAME OF ORDER/INSTITUTE _____ <input type="checkbox"/> SEMINARIAN
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SECTION 2: ACADEMIC PROFILE

LIST ALL HIGH/SECONDARY SCHOOLS ATTENDED:

Name	Address	Month-Year	To	Month-Year

LIST ALL COLLEGES/UNIVERSITIES ATTENDED:

Name	Year	To	Year	Degree or Diploma Earned

ATTACH PHOTOCOPIES OF ALL ACADEMIC CERTIFICATES AND TRANSCRIPTS

SECTION 3: PROGRAMME e.g. B.COM; LL.B; B.Ed(ENG/LIT); M.Ed; M.B.A.; Ph.D.Ed

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

SPECIFY PROGRAMME: FULL-TIME EVENING SCHOOL-FOCUSED

WHEN WOULD YOU LIKE TO COMMENCE YOUR STUDIES? _____
Month Year

INDICATE (IF ANY) COURSE PREVIOUSLY ATTENDED AT THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

PRE-UNIVERSITY BRIDGING IN MATHS ENGLISH REG. NO. _____
 BACHELORS POSTGRADUATE; SPECIFY _____ REG. NO. _____
 IF ANY OTHER, SPECIFY _____ REG. NO. _____

WHO WILL SPONSOR YOUR EDUCATION AT CUEA? SELF PARENTS OTHERS

Sponsor (Print name in full)	Address	Telephone	E-mail
_____	_____	_____	_____

Signature of Sponsor _____

ADDITIONAL DATA

How did you learn about The Catholic University of Eastern Africa? Tick appropriately

University Website University Prospectus If any other, specify _____
 Television/Radio Exhibition & Recruitment Fairs _____
 Newspaper Career Day Programmes _____
 Bishops/Religious Superiors Family & Friends _____

SECTION 4: VERIFICATION (SIGNATURE REQUIRED)

By signing this application you confirm that the information is correct and that any misrepresentation of facts on this application could be cause for expulsion or a suspension from the University if discovered after enrolment.

Student's signature Date

FOR OFFICIAL USE ONLY

Recommendation of Departmental Academic Board:

Recommended: Programme.....
No. of Years [1] [2] [3] [4]

Not Recommended: Reason.....

Referred to:

Head of Department's Signature:..... Date.....

Endorsed by Dean of Faculty:.....

Dean's Signature:..... Date.....

Admissions Committee Decision:

Approved: Programme.....
No. of Years [1] [2] [3] [4]

Not Approved: Reason:.....

Chairman's Signature:..... Date.....

Action by Registrar:..... Signature..... Date.....