

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

P.O. BOX 62157
00200 Nairobi - KENYA
Tel: +254-20-2525811-4, 8897000
Cell: +254-724-253733
Email: admissions@cuea.edu



- MAIN (LANGATA)
- TOWN (NAIROBI)
- GABA (ELDORET)
- KISUMU

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, non-creditable application fee of Kshs. 2,000 (banker's cheque only) made payable to: The Catholic University of Eastern Africa.

SECTION 1: PERSONAL DATA

SURNAME	OTHER NAMES	PASSPORT/ID NO.	DATE OF BIRTH

Current Address	Telephone/Mobile No.	Email

GENDER	MARITAL STATUS	Do you have any disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MALE	<input type="checkbox"/> MARRIED	If YES, state nature of disability _____
<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE	

CITIZENSHIP/COUNTRY	RELIGIOUS AFFILIATION	FOR CATHOLIC CLERGY ONLY
<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"/> SOUTH SUDAN <input type="checkbox"/> OTHER, Specify _____	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT, Specify _____ <input type="checkbox"/> MUSLIM <input type="checkbox"/> HINDU <input type="checkbox"/> OTHER, Specify _____	<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

SECTION 2: ACADEMIC DATA

LIST ALL HIGH/SECONDARY SCHOOLS ATTENDED:

Name	Address	Month-Year	To	Month-Year
Name	Address	Month-Year	To	Month-Year
Name	Address	Month-Year	To	Month-Year

LIST ALL COLLEGES/UNIVERSITIES ATTENDED:

Name	Year	To	Year	Degree or Diploma Earned
Name	Year	To	Year	Degree or Diploma Earned
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: DAYTIME EVENING SCHOOL-FOCUSED WEEKEND ONLINE & DISTANCE

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 _____

NEXT OF KIN

_____	_____	_____	_____
Print name in full	Address	Telephone	E-mail

ADDITIONAL DATA

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

- | | | |
|---|---|--|
| <input type="checkbox"/> University Website | <input type="checkbox"/> University Prospectus | <input type="checkbox"/> If any other, specify _____ |
| <input type="checkbox"/> Television | <input type="checkbox"/> Exhibition & Recruitment Fairs | _____ |
| <input type="checkbox"/> Radio | <input type="checkbox"/> University Career Day | _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Family & Friends | _____ |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Magazines | _____ |
| <input type="checkbox"/> Bishops/ Religious Superiors | <input type="checkbox"/> Facebook/Twitter | |

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 suspension from the University if discovered after enrolment.

 Student's Signature

 Date

FOR OFFICIAL USE ONLY

Recommendation of Departmental Academic Board:

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

Not Recommend: Reason

Referred to:

Head of Department 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