



BUC/UGS/1

BONDO UNIVERSITY COLLEGE
(A CONSTITUENT COLLEGE OF MASENO UNIVERSITY)
OFFICE OF THE REGISTRAR – ACADEMIC AFFAIRS

Tel: 057 – 2501804

P.O. Box 210 – 40601



BONDO
APPLICATION FOR UNDERGRADUATE STUDIES

Application No. _____

NOTE:

- (i) That the completed form should be submitted to the ACADEMIC REGISTRAR, BONDO UNIVERSITY COLLEGE, P.O. BOX 210 – 40601 BONDO.

- (ii) That all candidates applying must attach copies of their certificates/transcripts, identity card/waiting card/birth certificate, original receipt for purchase of the form and leaving certificate.
- (iii) That information will be sent only to successful candidates.
- (iv) That the names appearing on this form should be the same as those in your certificates.

1. PERSONAL DETAILS

Surname/Family name: _____ Other names in full: _____

Date of birth:(Day/Month/Year) _____, _____, _____

Gender: Male _____ Female _____

Marital Status: Married _____ Single _____

Nationality: _____ Country of origin _____

Address for correspondence _____

_____ Telephone _____

2. DEGREE OF CHOICE

State two (2) degree courses for which you wish to be considered in order of preference.

1st Choice Degree _____ Faculty _____

2nd Choice Degree _____ Faculty _____

3. ACADEMIC BACKGROUND

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

Last Secondary School attended: _____

Date of admission _____ Date of completion _____

Year of examination _____ Index number _____

Examination body _____

Mean Grade _____ 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(ies) _____

Subject: _____ Grade: _____

_____	_____
_____	_____

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

DATES OF EMPLOYMENT	JOB TITLE

6. I declare that all statements on this application form and any material filled 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 this withdrawal may take place at any stage during the course of study.

Signature of applicant: _____ Date: _____

RECEIPT OF APPLICATION FORM
Date of receipt: _____
Name of the officer receiving: _____
Signature: _____

7. ACADEMIC REFEREES

Give names, contacts and designation of two referees.

Referee 1

Name: _____

_____ Title: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

Referee 2

Name: _____ Title: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

Signature of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY

Academic Division Use:

Official Stamp

RECOMMENDATION OF HEAD OF DEPARTMENT:

Name of H.O.D _____ Sign: _____ Date: _____

RECOMMENDATION OF THE DEAN OF FACULTY:

Name of Dean Faculty/School _____ Sign: _____ Date _____

RECOMMENDATION OF ADMISSIONS BOARD:

Admitted/Not Admitted for: _____

Degree: _____ Dept. _____

Deferred until _____ Date of meeting _____

NOTE:

The University College reserves the right to request and obtain further information from any education, institution or employer, which may be required to confirm or clarify your suitability and eligibility for the course applied for.