APPLICATION FORM FOR INTERNATIONAL STUDENTS

A copy of this form should be completed and returned to the Deputy Vice Chancellor (R & E) or International Programmes Office at the above address by March of any academic year. (First Semester Commences in August and Second Semester in January). School of Medicine semester dates commence in January of each academic year.

SECTION A

PERSONAL DATA

1. Applicant’s Name: …………………………………………………………………………………
   Surname                      First Name           Middle Name

2. Current Contact (Postal Address): ……………………………………………………………

..........................................................................................................................

   Email…………………………………………………………………………………………

   Fax…………………………………………………………………………………………

3. Nationality: ………..Date of Birth………….. ….ID/PP.No…………………….

4. Gender: Male □    Female  □  (Tick as appropriate)
**RECORD OF SECONDARY/HIGH SCHOOL EDUCATION** (Attach Copies of Result Slips and Certificates)

<table>
<thead>
<tr>
<th>School</th>
<th>From</th>
<th>To</th>
<th>Certificates &amp; Grades Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
</tr>
<tr>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
</tr>
</tbody>
</table>

**COLLEGE/UNIVERSITY EDUCATION** (Attach Certified Copies of Result Slips and Certificates)

<table>
<thead>
<tr>
<th>College/University</th>
<th>From</th>
<th>To</th>
<th>Certificates &amp; Grades Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
</tr>
<tr>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
</tr>
</tbody>
</table>

**WORK/PROFESSIONAL EXPERIENCE**

<table>
<thead>
<tr>
<th>Position</th>
<th>From</th>
<th>To</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
</tr>
<tr>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
</tr>
<tr>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
</tr>
<tr>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
<td>..........................</td>
</tr>
</tbody>
</table>

**SECTION B**

**DEGREE/DIPLOMA/CERTIFICATE**

1. Programme applying for:..........................

   ..........................

2. Area of Specialization:..........................

   .............................................

   (In case of Education/Technology state teaching/specialized subjects)

   .............................................
3. How would you rate your English Communication Skills?
   - Poor  - Good  - Very Good  - Excellent

4. Would you like to enroll in an intensive Bridging Course in English offered at Moi University?
   ……………………………………………………………………………………………

5. Financial Sponsorship: How do you plan to finance your education at Moi University?
   - Self  - Parent/Guardian  - Sponsorship
   If none of the above, specify:-
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

6. Two referees: One must be the head of your former/current institution who can act as your referee should sign in the space below:-
   i) Name………………………………………………………………………
      Address…………………………………………………………………….
      Signature……………………………………Date…………………………
   ii) Name……………………………………………………………………
      Address…………………………………………………………………….
      Signature……………………………………Date…………………………

7. In case of emergency: Contact:
   a) Name…………………………… Relationship…………………………
      Email:…………………………...Tel No.………………………………

   b) Name……………………………Relationship…………………………
      Email:…………………………...Tel No.………………………………
SECTION C (FOR OFFICIAL USE ONLY)

1) Application Approved ☐ Not Approved ☐

2) Degree Programme: ………………………………………………………………………..

3) Comment: ………………………………………………………………………..
…………………………………………………………………………………………..

SIGNATURE: …………………………………………..

DEAN, SCHOOL OF …………………………… DATE…………………………….