



**OFFICE OF
THE DIRECTORATE OF TVET, CAREER PLACEMENT, ALUMINI AND EXTERNAL LINKAGES**

**APPLICATION FOR SELF-SPONSORED/REGULAR/IN-SERVICE
CERTIFICATE PROGRAMMES**



INSTRUCTIONS FOR PRINTING: TO ENSURE THAT THE WHOLE PAGE IS PRINTED SET THE PRINTER PAGE SETTING TO SIZE A4

NOTES:

- (i) This form should be typed or completed in **BLOCK LETTERS** and returned to:
The Registrar (AA) Laikipia University, P.O. Box 1100 – 20300, NYAHURURU
- (ii) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID Card**
- (iii) The applicant is required to fill Sections, A, B, C and D
- (iv) Attach one passport size photos.

SECTION A: PERSONAL DATA

1. Name:
(Surname) (Other names in full)

2. Date of Birth:Sex.....

3. Citizenship:

4. National ID. No. : Passport No.

5. Marital Status:6. Religion:

7. Contact Address:

Telephone Number:Mobile No.....

8. Email:

9. Next of Kin:Relation:

Permanent/Home Address:Mobile:

SECTION B: ACADEMIC HISTORY

10. (a) Secondary School(s) attended and Qualifications obtained.



School	From	To	Qualifications Obtained

(b) Other relevant Qualifications.

Institution attended	From	To	Certificate Awarded

(c) State any relevant academic/professional qualifications or experience.

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SECTION C: CHOICE OF PROGRAMMES

11. (a) State the Certificate course(s) for which you wish to be considered for admission in order of preference.

First
Second

(b) Indicate mode of study (tick one below)

- Full time
- Evenings & Weekends

(c) Indicate the intake (tick one below)

- January
- April
- May
- August
- September
- December

(d) Indicate which campus you intend to pursue your studies (Laikipia Main Campus)

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(e) Have you ever been admitted to Laikipia University previously (YES/NO?)

If YES, Indicate old registration No.....

Give reasons for applying afresh.....



SECTION D: DECLARATION

12. I certify that the information given in this application form is correct to the best of My knowledge

Signed: **Date:**

13. (a) **Name of Employer (if any):**

(b) Recommendation:

Designation:.....**Signature:**.....

(Official Stamp)

SECTION E: FOR OFFICIAL USE ONLY

14. (a) Recommendation of the Head of Department

Recommended/Not Recommended

Comments:

Signed: **Date:**

C.O.D. & Official Stamp)

(b) Recommendation of Dean of Faculty

Recommended/Not Recommended

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Signed: **Date:**

(c) Approval

Signed:**Registrar (AA) Date:**

