



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

### APPLICATION FOR SELF-SPONSORED/REGULAR/IN-SERVICE DIPLOMA PROGRAMMES

Affix  
passport  
size photo

**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.

.....  
 .....

**SECTION C: CHOICE OF PROGRAMMES**

11. (a) State the Diploma 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)

.....

(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**

.....

**Signed:** ..... **Date:** .....

(c) Approval

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

