

LAIKIPIA

P.O. Box 1100-20300,
NYAHURURU,
KENYA



UNIVERSITY

TEL: 020-2671779, 020-2671771
raa@laikipia.ac.ke; www.laikipia.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

LETTER OF ACCEPTANCE, DEFERMENT OR REJECTION OF OFFER OF

ADMISSION BY THE CANDIDATE:

(To be completed in duplicate and in CAPITAL LETTERS)

(A) LETTER OF ACCEPTANCE

The Registrar (Academic Affairs)

Dear sir/Madam,

With reference to your letter offering me a place in the School of:

.....

For a course leading to a degree/diploma of:

I accept the offer and UNDERTAKE TO ABIDE by the “Regulations Governing the Association, conduct and the Discipline of the students” stipulated in the statutes of LAIKIPIA UNIVERSITY and in the STUDENTS’ HANDBOOK which I have read and understood.

Candidate’s Names:

First

Middle

Last/Surname

Registration No:ID No. / KCSE Index No.....

Signature: Date:

Mobile No.

OR

(B) DEFERMENT OF STUDY BY CANDIDATE

The Registrar (Academic Affairs)

Dear Sir/Madam,

With reference to your letter offering me admission to LAIKIPIA UNIVERSITY

Degree/diploma in:
.....

I wish therefore, to defer my studies to the next academic year.

I look to your reply.

Candidate's Names:

First Middle Last/Surname

Registration No: ID No. / KCSE Index No.

Signature:Date:

OR

(C) REJECTION OF OFFER

The Registrar (Academic Affairs)

Dear Sir/Madam,

I confirm that I will not accept the offer because of the following reasons.

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

Candidate's Names:

First Middle Last/Surname

Registration No: ID No. / KCSE Index No.

Signature:Date:

FOR OFFICIAL USE ONLY

Name of Dean of School/ Registrar:

Date:Signature:

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Affix
passport
size photo

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STUDENTS PERSONAL DETAILS

Information provided in this form is essential in establishing a complete record of the student in the Registrar’s office. (To be completed in triplicate and in capital letters spelling all name in full.)

1.Full name(AS IT APPEARS ON THE ID/BIRTH CERTIFICATE)

.....

First name Middle name Last/Surname

2. National ID No. or Birth Certificate No.

District:

3. University Registration Number:

Year of Study:Course of study

4. Date of Birth:

5. Nationality:

6. Religion:

7. (a) Home Contact Address:

(b)Former School Contact Address:Mobile No.....

8. (a) Marital Status:

(b) Name and Address of the Spouse (if married):

.....Mobile No.....

9. Full Name of Mother: Deceased/Alive. Mobile No.....

10. Full Name of Father:Deceased/Alive. Mobile No.....

11. Full Name of Guardian (if neither 9 nor 10): Mobile No

12. (a) Occupation of Father:

(b) Occupation of Mother:

(c) Occupation of Guardian (if neither 9 nor 10):

13. Names of brother (s), sister (s) and addresses. Attach additional sheet of paper for additional names (if necessary):

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

14. Place of Permanent Residence: village:

Nearest Town: Location:

Name of Assistant Chief: Mobile No.....

Name of Chief: Mobile No.....

Chief's Signature: Chief's stamp:

Assistant County Commissioner Signature:

Date: Official Stamp:

Sub County Commissioner Signature:.....

Date: Official Stamp:

15. Place of Birth: (if different from 14 above)

Village: Name of Chief:

Location: Sub-Location:

Division County:

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Name of Dean of School/ Registrar:

Signature: Date: