

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

Office of the Registrar, Academic Affairs

APPLICATION FORM - BACHELORS, DIPLOMA AND CERTIFICATE

NOTES:

- i. That the completed form should be submitted to the Registrar, Academic Affairs, MMUST, P.O. Box 190-50100 Kakamega
- ii. That applicants must attach copies of their result slips/certificates, National ID/Passport or Birth Certificate.
- iii. Application fee is Ksh.1,000 (Bachelors') and Ksh.500 (Diploma/Certificate) payable to **KCB Bank** A/C 11011922109 or **Equity Bank** A/C 0500294636103 Kakamega Branch. *Attach Copies of fee Payment slip*.

SECTION A: Programme Application Details (Tick/Complete Appropriately)

NAME OF PROGRAMME								
SUBJECT COMBINATION		(i)(ii)						
LEVEL OF STUDY	LEVEL OF STUDY (Bachelors, Diploma, Certificate)							
MODE OF STUDY		Full time I	Evening/W	eekend	School B	ased	ODEL	Other
Tick (√) Appropriately								
					10			
INTAKE (Jan, May, Sept)				CAMPU	JS			
SECTION B: Applicant's Details								
PERSONAL								
DETAILS	Name:				• • • • • • • • • • • • • • • • • • • •			•••••
		(Surname)	(Firs	t Name)		(Oti	her names)	
	Nationality:		N	ational ID	/Passnort	/Birth Co	rtificate No	
	i vationanty	• • • • • • • • • • • • • • • • • • • •	110		/ i assport	/ Dirtii CC	rinicate 110	••••••
	Date of birth:		•••••	Gender:	Male:	Fer	male:	
	Marital Status:		• • • • •	Religion:	:			
CONTACT								
ADDRESS	Address:							
	Town:							
	Cellphone No:Email:							
	cempnone ivo.			JIIIaII				
NEXT OF KIN	D (/D /M	/3.6. /3.6				D 1 (1.	
	Prof. /Dr. /Mrs. /Ms.:							
	Address:	ddress:						
	Town:	County:						
	Cellphone No:		E	Email:			••••	
	1							

SECTION C: Applicant's Education Background

Please indicate your record of achievement in KCSE/Equivalent/Certificate/Diploma or any other academic or professional training qualification. Note Copies of academic documents should be attached and originals presented for verification on admission.

INSTITUTION ATTENDED	Course/Exam	Course Duration (Months/Years)	Completion date	Grade/Award	

SECTION D: Applicant's Declaration

How did you know abo	out Masinde Muliro University of Sci	ence and Technolog	gy?	
Newspaper	Television	Radio 🔲		
MMUST Staff	MMUST Student	Social Media		
Other (Specify)				
Please indicate by ticki	ng ($$) how you intend to finance you	r study		
Through:	Parent	[]		
	Self	[]		
	Sponsor	[]		
	Other (Please specify)	[]		
the University withdraw	te that providing incorrect information ving any engagement irrespective of the last of th	ne time the anomaly	is established.	
	COMMENTS (ADMIT/DO	O NOT ADMIT)	SIGNATURE AND DATE	
CHAIRPERSON O DEPARTMENT	F			
DEAN OF SCHOO	L			
REGISTRAR (AA)				

FOR ANY INQUIRIES please contact:

Registrar (Academic Affairs)

Masinde Muliro University of Science and Technology

P.O Box 190-50100 Kakamega, Kenya

Cellphone: 0702597360/61 **OR**

0733120020/22 EXT. 2101/2102

Email: admissions@mmust.ac.ke