



KENYA METHODIST UNIVERSITY

Main Campus, Meru; P.O BOX 267 - 60200 , Meru —Kenya, Tel: 254-064-31206, 0724256162, 0734310655
 Nairobi Campus: P.O BOX 45240 - 00100, GPO, Nairobi . Tel: 254-020-248172, 0725751878, 0735701311
 Mombasa Campus: P.O. BOX 89983—80100 , Mombasa . Tel: 0748414998, 0743084019

APPLICATION FOR ADMISSION

1. Read each item carefully before filling in any information
2. Complete all appropriate sections in capital/block letters
3. Return with non-refundable application fee of Kshs. 1,000 for Kenyan Citizens or 20 US Dollars for Non-Kenyan Citizens
4. Attach 1 passport size photograph (write your name on the reverse side)
5. Attach a copy of National ID/Passport, copies of academic/professional Certificates and Transcripts where applicable.

<i>For official use only</i>	
<i>Receipt No.</i>	

SECTION A: PERSONAL DATA

Name: <i>(as it appears in other academic documents)</i>		
Date of Birth: Day / Month / Year	Gender: Female () Male ()	Home County: Sub - County:
Nationality: Religion:	Marital Status: Denomination:	National ID No.: Passport No.:

Permanent Address

P.O. BOX	Code:	City/Town:
Phone:	E-mail:	
Current Address (if different from above)		
P.O. BOX	Code:	City/Town:
Phone:	E-mail:	

Next of Kin or Guardian's contact incase of emergency

Name:		Relationship:
P.O. BOX	Code:	City/Town:
Phone:	Alternative Phone:	E-mail:

Financial Information

How do you expect to meet the financial expenses for study while at KEMU?/Self/parent/guardian/sponsor)		
Name (if not self)		Relationship:
Address:	Phone:	E-mail

ADDITIONAL INFORMATION

Do you have any form of disability (Abled differently) ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes above, explain briefly and attach Disability Certificate to this application		

SECTION B: ACADEMIC PROFILE

List of school/college/University attended. Attach copies of all academic certificates and transcripts

NAME OF INSTITUTION	FROM (YEAR)	TO (YEAR)	GRADE/ CLASSIFICATION AWARDED	INDEX NO/REGISTRATION NO

SECTION C: ACADEMIC PROGRAMME APPLIED FOR:

1st Choice Programme				
2nd Choice Programme				
3rd Choice Programme				
Specify mode of study	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Distance/Online learning <input type="checkbox"/>	
Specify Campus of preference	Main Campus <input type="checkbox"/>	Nairobi Campus <input type="checkbox"/>	Mombasa Campus <input type="checkbox"/>	Meru Town Centre <input type="checkbox"/>

Preferred Trimester of Enrolment: Trimester 1 (Jan) Trimester 2 (May) Trimester 3 (Sept) Year :

ADDITIONAL INFORMATION

Indicate who referred you or how you learnt about Kenya Methodist University

University Website Prospectus Newspapers Television Social Media Career Day

Exhibitions Radio High school teacher Any other (Please indicate): _____.

Referred by KeMU Staff : Name _____ P.F No _____

Referred by KeMU Student : Name _____ Reg. No _____

SECTION D: DECLARATION

By signing this application form I confirm that the information is correct

Student signature _____ Date _____

SECTION E: SUBMISSION OF APPLICATION FORMS

When you complete this application form send to:

The Registrar (Academic Affairs)

Kenya Methodist University

Main Campus, P.O. Box 267 - 60200 Meru

Or Nairobi Campus, P.O. Box 45240—00100 Nairobi

Or Mombasa Campus, P.O. Box 89983-80100 Mombasa

Scanned Copies of this application to be sent to:

admission.office@kemu.ac.ke or info@kemu.ac.ke

Online Application:

<http://virtual.kemu.ac.ke/hds/>

SECTION F: FOR OFFICIAL USE ONLY

Recommendation: Teaching Department

Programme: _____

Recommended/Not Recommended: _____

Not Recommended: Reason _____

CoD: Name: _____ Signature: _____ Date: _____

Admission Committee

Approved/Not Approved:

Chairman: Name: _____ Signature: _____ Date: _____

Registrar (Academic Affairs)

Name: _____ Signature: _____ Date: _____

Ver. No.1.0

Rev Date: 26-01-2024