

Application No.
 Receipt No:
 (Application Fee: 500.00 (KES))



CENTER FOR LEADERSHIP AND PROFESSIONAL DEVELOPMENT

Main Campus, Meru: P.O. BOX 267-60200 Meru - Kenya, Fax: 064-30565, Tel: 064-31206, 0734310655
 Nairobi Campus, KeMU Hub: P.O Box 45240-00100, GPO, Nairobi Tel: 254-020-248172, 0725751878, 0735701311

APPLICATION FOR ADMISSION

1. BASIC INFORMATION

COURSE:		
CAMPUS:		
GENDER:	OTHER NAMES:	
NATIONALITY: <i>(Attach National Identity Card/ Passport)</i>	National Identity Card No/ Passport No.	DATE OF BIRTH (DAY/MONTH/YY):
MOBILE	Email Address:	
NEXT OF KIN: FULL NAME: MOBILE: Email:	SPECIAL NEEDS <i>(Kindly specify any form of physical, visual or audio special need):</i>	

II: EDUCATION BACKGROUND *(Attach Copies)*

HIGHEST LEVEL OF EDUCATION:	HIGHEST LEVEL OF PROFESSIONAL QUALIFICATION:
SPONSORSHIP: <i>(tick where applicable)</i> I. Self [] II. Organization []	DATE OF ENROLLMENT(DAY / MONTH / YY):
MY OBJECTIVE FOR ATTENDING THIS COURSE:	

III: DECLARATION

By signing this form, you declare that this information is correct:

Student Signature:

Date:

IV: FOR OFFICIAL USE ONLY

<p><i>Recommendation by Admission Committee:</i></p> <p>Approved/ not Approved:</p> <p>Reason:</p> <p>CoD Name: Signature Date</p>
<p>REGISTRAR (ACADEMIC AFFAIRS)</p> <p>Name: Signature Date</p>