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JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY CONTINUING EDUCATION PROGRAMME

STUDENT APPLICATION/REGISTRATION FORM

(CERTIFICATE/DIPLOMA COURSES)

(To be filled in duplicate)

Surname:	Gender (M/F)						
Other Names:							
Company:							
Address:							
Telephone:							
E-mail:							
Date of Birtii.							
ID/Passport No:							
Indicate the course applied for:							
 Certificate in Information 							
 Diploma in Information 	Гесhnology						
 Diploma in Purchasing and Supplies Management 							
 Diploma in Business Administration 							
□ Diploma in Business Information Technology							
□ Diploma in Community Development							
□ Diploma in Human Resource Management							
 Diploma in Public Relations, Advertising and Sales 							
□ Diploma in Microfinance							
□ Diploma in Marketing							
 Diploma in Mass Commi 							
□ Diploma in HIV/AIDS M							
□ Certificate in HIV/AIDS							
 Bridging Certificate cour 	se in Information Technology						
Intake Date:							
Centre of Study:							
EDUCATION							
Schools Attended	Dates-From (year) to (year)	Qualification					
NR: (Attach to each form Cort	ified Conjes of the Polevant Cor	tificates Desultaline	National Identity				

<u>NB</u>: (Attach to each form Certified Copies of the Relevant Certificates, Resultslips, National Identity Card, Birth Certificate and two Recent Passport Size Photographs)

Sponsorsnip Self:						
	ot Organization):		Address:			
Telephone:	it, Organization).	Conta	Address: _			
Name and ad	dress of nearest re	lative, person or	agency to be contacted	ed in case of en	mergency;	
Name:			Relationship:			
Address:						-
Telephone:						-
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I have read, u	inderstood and agr	eed to comply w	y me on this form are vith the terms stipulate Date:	ed herein.	•	certify that
We, the under	ersigned, hereby co	SPONSO nfirm that the ap made within	DR'S UNDERTAK oplicant will be sponse days. Authorised Signature:	ING ored by oursel	ves for the listed	courses.
	ndences should be the Institution w		ation forms are obta	ined.		
FOR OFFIC	CIAL USE ONLY					
Serial No.	Receipt No.	Sponsor	Date Received	Selected	Not Selected	
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Sign:		Date:				