Serial No



Affix a recent passport sized photograph here

JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY SCHOOL OF ARCHITECTURE AND BUILDING SCIENCES (SABS) P.O. Box 62000, Nairobi, 00200, Kenya Telephone 020 8008486/87/88 Fax 52164 THIKA

STUDENT APPLICATION FORM

BACHELOR OF ARCHITECTU BACHELOR OF LANDSCAPE A B.Sc. CONSTRUCTION MANAG (Please rank your preference of the	ARCHITECTURE () GEMENT ()	,
Surname:	Gender ((M/F)
Other names:		
Address:		
Telephone:	Fax:	
E-mail:	DEFECT OF SPECIAL	
Date of Birth:		
ID/Passport No:		
Intake Date:		
EDUCATION		
SCHOOLS ATTENDED	DATES From (Year) To (Year)	QUALIFICATION
NB: (Attach certified copies of the photograph) Sponsorship Self: Others (Parent, Organization): Telephone:	Address:	
Name and address of nearest relative	e, person or agency to be cont	acted incase of emergency;
Name:Address:		

TERMS AND CONDITIONS

- 1. Fees must be paid in advance at the time of registration, unless prior credit arrangements are made and approved by an authorized Officer of the sponsor.
- 2. Where credit is granted, the account must be settled within the agreed period otherwise a monthly penalty charge of 3% will be levied on a cumulative basis.
- 3. A 20% fee will be charged on any bookings canceled before commencement of classes.
- 4. There will be no refund of any bookings canceled or abandonment of classes once
- 5. they have commenced.
- 6. A Ksh.1,000 service will be charged on all returned cheques.
- 7. JKUAT does not accept any liability for loss or damage to any property brought or left on the premises by students.
- 8. Students will be charged for any damages to equipment by their negligence.
- 9. The degree will only be awarded after the fulfillment of all the particular course's requirements.

DECLARATION

certify that I have read, und		•		_	Turtne	
Signature:	re: Date			:		
	SPONS	OR'S UNDERT	TAKING			
I/WE, the undersigned, her the listed course. Please bill us. Payment wi Name of Sponsor:			-		ves for	
Name of Sponsor: Date:		Author	rized Signature			
All correspondence should be addressed to: - The Dean, School of Architecture and Building Sciences. FOR OFFICIAL USE ONLY						
Serial No. Receipt No.	-5	Date Received	Selected	Not Selected		
Sign: Dean, SABS		I	Date:			
Note: If you missed your your ranking?	irst choice prog Yes	gramme would y	ou accept the s	second/third prograr	nme in	