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**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY**  
**COLLEGE OF AGRICULTURE AND NATURAL RESOURCES (CoANRE)**  
**UNDERGRADUATE PROGRAMMES APPLICATION FORM**

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**1.0 PERSONAL DETAILS**

Surname (Mr./ Mrs. /Miss): .....Other names: .....  
Date of birth: ..... Sex: Male [ ] Female [ ]  
Nationality: ..... ID No./Passport number: .....  
Contact Address: .....  
Permanent Address: .....  
.....  
Telephone: ..... E-mail: ..... Fax: .....  
Parent / Guardian Name: .....  
Address: .....

**2.0 PROGRAMME SELECTION**

Programme applied for

*(Tick appropriately)*

- Bachelor of Science Degree in Horticulture (4 Years)
- Bachelor of Science Degree in Environmental Horticulture and Landscaping Technology (4 Years)
- Bachelor of Science Degree in Food Science and Technology (4 Years)
- Bachelor of Science Degree in Food Science and Nutrition (4 Years)
- Bachelor of Science Degree in Animal Health Production and Processing (4 Years)
- Bachelor of Science Degree in Land Resources Planning and Management (4 Years)
- Bachelor of Science Degree in Human Nutrition and Dietetics (4 Years)
- Bachelor of Science Degree in Agricultural Economics and Rural Development (4 Years)
- Bachelor of Science Degree in Agribusiness Management and Entrepreneurship (4 Years)
- Bachelor of Science Degree in Food Service and Hospitality Management (4 Years)
- Bachelor of Science Degree in Agribusiness Economics and Food Industry Management (4 Years)
- Bachelor of Science Degree in Agriculture (4 Years)
- Bachelor of Science Degree in Nutraceutical Sciences and Technology (4 Years)



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If you have not selected for the programme applied for above, indicate below, in order of preference, the other programme(s) among the three listed above which you would like to be considered for:

1. ....
2. ....
3. ....

### 3.0 EDUCATION

SCHOOLS/COLLEGES ATTENDED	FROM (Month and Year)	TO (Month and Year)	QUALIFICATION

**NB: Please attach certified copies of the relevant certificates**

### 4.0 EMPLOYMENT (Where applicable)

EMPLOYER (Start with current)	FROM (Month and Year)	TO (Month and Year)	POSITION HELD)

### 5.0 SPONSORSHIP

Sponsor: Self  Parent / Guardian  Organization   
 Name of Sponsor: .....  
 Sponsor's Address: .....  
 Telephone: ..... Fax: ..... E-mail.....

#### Commitment to pay by sponsor

Name (Person or Organization): .....

Signature: ..... Official stamp (if Government or Private)

Date: .....

### 6.0 TERMS AND CONDITIONS

#### I ADMISSION

- (a) Consideration for admission will be based on the applicant's qualification and availability of places.
- (b) Adherence to all Rules and Regulations governing students at JKUAT.
- (c) Certificates will only be awarded after the fulfillment of all the course requirements.



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## II FEES

- (a) Course fees must be paid in accordance with the fees schedule provided with this application form.
- (b) Any student who abandons classes after the first three weeks of a semester will not be entitled to any refund of fees paid.
- (c) A student who abandons studies within the first three weeks will be refunded 50% of fees excluding registration fees.
- (d) A student who withdraws after paying fees and before commencement of classes will be charged 20% of the semester fees.
- (e) Fees payments will be in the form of banker's cheques/drafts.
- (f) A service fee of Kshs. 2,500.00 (or US\$ 50.00 for foreign students) will be charged for any returned cheque.

### DECLARATION:

I,..... declare that the information given in this application form is correct. I further certify that I have read, understood and agreed to comply with the terms and conditions of admission stipulated herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 7.0 FOR OFFICIAL USE ONLY

Serial No.	Receipt No.	Sponsor	Date Received	Qualified	Selected

#### Officer verifying information

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal, CoANRE**



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