

Receipt No.

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JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

School for Human Resource Development

STUDENT APPLICATION FORM

Surname:.....Other namesGender (M/F)

Date of birth:Nationality.....ID. No.....

Address.....

E-mail.....Telephone..... Fax

Indicate the course applied for: -

- Certificate in County Governance
- Diploma in County Governance
- Accounting Technicians Certificate ATC I
- Accounting Technicians Certificate ATC II
- Certified Public Accountant CPA I Section I &2
- Certified Public Secretary CPS I Section I &2
- Certified Securities and Investment Analysts CSIAI Section I & 2
- Certified Public Accountant CPA II Section 3 &4
- Certified Public Secretary CPS II Section 3 &4
- Certified Securities and Investment Analysts CSIA II Section 3 & 4
- Certified Public Accountant CPA III Section 5 & 6
- Certified Public Secretary CPS III Section 5 & 6
- Certified Securities and Investment Analysts CSIA III Section 5 & 6

Intake Date: Pattern of study: *Full-time* () *Part-time* Juja ().

Education

Below indicate school certificates held, including the name of the institution, grade and date awarded.

School Attended	Dates		Qualification	Date awarded
	From (year)	To (Year)		
1.				
2.				
3.				
4.				

NB: (Attach certified copies of the relevant certificates).

Name and address of nearest relative, person or agent who should be contacted in case of emergency:

Name:Relationship:

Address:.....Telephone:.....

Terms and Conditions

1. Course fees must be paid in advance at the time of booking, unless prior credit arrangements are made and approved by an authorised officer of the Company.
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 cancelled before commencement of classes.
4. There will be no refund of any bookings cancelled or abandonment of classes once they have commenced.
5. A Kshs. 1,000 service fee will be charged on all returned cheques.
6. The School accepts no liability whatsoever for any injuries inflicted during the course of training.
7. The School does not accept any liability for loss or damage to any property brought or left on the premises by the student.
8. Students will be charged for any damages caused to equipment by their negligence.

DECLARATION

I certify that the information/statements made by me on this form are true, to the best of my knowledge, correct and complete.

Signature: Date:

SPONSOR’S UNDERTAKING

We/I, the undersigned, hereby confirm that the applicant will be sponsored by ourselves for the listed courses.

Name of Sponsor _____ Authorised Signature _____
Date: _____

All correspondence should be addressed to:
The Dean,
School for Human Resource Development, JKUAT,
P.O. Box 62000-00200
Nairobi – Kenya

For official use only

Application: *Approved* () *Rejected* () Intake: *May* ()
Registration No....., Pattern of study: *Full-time* () *Part-time* ().
Remarks, if any:
Date of commencement: Academic year:
Signed.....Date:.....