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**JOMO KENYATTA UNIVERSITY  
OF  
AGRICULTURE AND TECHNOLOGY**  
Department of Economics, Accounting & Finance  
CENTER OF PROFESSIONAL STUDIES (COPS)  
Email: deaf@jkuat.ac.ke

**STUDENT APPLICATION FORM (COHRED COURSES)**  
***(To be filled in Duplicate)***

Surname: ..... Other names ..... Gender (M/F).....

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

Address .....

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

**Professional course**

Indicate the professional course applied for:

Course .....

Indicate part and section .....

**Education Background**

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

School Attended	From (year)	To (year)	Qualifications	Date awarded

**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 University.
2. Where credit is granted, the account must be settled within the agreed period.
3. A 30% 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. However, students can transfer their fees to a next semester at a charge of 15%.
5. A Kshs. 1,000 service fee will be charged on all returned cheques.
6. The College accepts no liability whatsoever for any injuries inflicted during the course of training.
7. The College 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.
9. JKUAT Certificates will be awarded after the fulfilment of all the particular course’s requirements.

**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: .....

***All correspondence should be addressed to***

The Coordinator,  
Center of Professional Studies,  
JKUAT, P.O. Box 62000-00200  
**Nairobi** – Kenya  
Cell. Phone +254 794 303 087

All fees are payable to JKUAT through Barclays Bank, Juja Branch, **Account Name SHRD (School of Human Resource and Development), Account Number- 0721057046**

**The student name and course being paid for should be written on the bank slip.**

**For official use only**

Application: *Approved* ( ) *Rejected* ( )

Registration No.....

Remarks, if any: .....

Date of commencement: ..... Academic year: .....

Signed..... Date:.....

