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**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY  
COLLEGE OF HEALTH SCIENCES (COHES)  
STUDENT APPLICATION FORM  
INTAKE \_\_\_\_\_**

**NAME OF PROGRAMME** .....

Applicant's Surname..... Title: (Mr./Ms).....

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

Name of parent or guardian.....

Permanent address.....

Contact address.....

Telephone..... Fax.....

Email:..... Nationality:..... Marital status:.....

Date of birth..... I/D/Passport No.....

**EDUCATION / TRAINING**

INSTITUTIONS ATTENDED	DATES		QUALIFICATION
	From (year)	To (year)	

**Other Academic or Professional Qualification**

(Start with current)	DATES		Overall Grade
	From (month/Year) (month/Year)	To	



## Working Experience

Organization (Start with current)	Post	<b>DATES</b> From (month/Year) To (month/Year)

**NB: Attach copies of the relevant certificates, one recent passport size photograph, National ID Copy/Birth certificate Copy, Application fee receipt copy and any testimonial(s).**

### SPONSORSHIP

Sponsor (Self, Parent, Organization), Write the name.....

Address of sponsor.....Telephone.....

Email.....Fax.....

### TERMS AND CONDITIONS OF ADMISSION

1. Attach a copy of the receipt.
2. Course fees must be paid in accordance with the fee schedule.
3. Any student who abandons classes after the first three weeks of a semester will not be entitled to any refund of fees paid.
4. A student who abandons studies within the first 3 weeks will be refunded 50% of fees excluding registration fees.
5. A student who withdraws after paying fees and before commencement of classes will be charged 20% of the semester fees.
6. The JKUAT accepts no liability whatsoever for any injuries inflicted during the course of training.
7. The 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 caused to equipment by their negligence.
9. Certificates will only be awarded after the fulfillment of all the course requirements.
10. Fees payments will be in form of bankers cheques only addressed to JKUAT - COHES.
11. Adherence to all rules and regulations governing students at the JKUAT.

### 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 stipulated herein.

Sign.....

Date.....

### FOR OFFICIAL USE ONLY

Serial No.	Receipt No.	Sponsor	Date Received	Qualified	Selected

Sign:.....

Date:.....

**PRINCIPAL COHES**

