



MERU UNIVERSITY OF SCIENCE & TECHNOLOGY

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OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS APPLICATION FORM FOR UNDERGRADUATE/DIPLOMA/CERTIFICATE PROGRAMMES

Serial No.....

Receipt No.....

NB: To be completed in **BLOCK LETTERS** and returned to the **Registrar, Academic Affairs.**

SECTION A

1. Name: {Mr, Mrs, Miss, and Ms}.....

Surname	Middle	First
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2. Date of Birth
3. Gender (**Tick appropriately**) Male Female
4. Marital Status (**Tick appropriately**) Married Not Married
5. Nationality.....ID. No/PP No.....
6. Employer (If applicable).....
7. Field of study
8. Current Address
9. Telephone No.Mobile No.....
10. Email
11. Permanent Address {if different from the current address}
12. Religion
13. Name and contact of the parent/guardian.....

SECTION B

14. EDUCATIONAL BACKGROUND

Schools/Institutions attended, years attended and qualifications obtained (**attach copies of qualification(s) obtained**).

S/NO	SCHOOL/COLLEGE ATTENDED	DATES		QUALIFICATION ATTAINED	GRADE
		FROM	TO		
1.					
2.					
3.					
4.					

15. Indicate when you wish to join the University (**tick appropriately**)

January
 May
 September

16. Preferred campus/ Centre (**tick appropriately**)

Main campus (Nchiru)
 Meru Town campus
 Kibirichia
 Igembe
 Kanyakine

17. The Undergraduate/Diploma/Certificate/short course applied for:

- a) Name of Undergraduate/Diploma/Certificate/short course
 b) Department
 c) School.....
 d) Mode of study {select as appropriate}:

Full-Time
 Part Time/Weekend/
 Distance Learning

18. FINANCING

Indicate how you intend to finance your studies
 Address of the Sponsor (if applicable).....
 Telephone/Mobile.....Email.....

19. DECLARATION

I.....declare that the information given in this form is correct.

SignatureDate:

FOR OFFICIAL USE ONLY

20. Date Received...../...../20.....

21. DEPARTMENTAL APPROVAL

Approved/ Not approved.

Reasons.....

Recommendations.....

Signature.....Date.....

22. REGISTRAR (ACADEMIC AFFAIRS)

Signature.....Date.....

All correspondences / enquires should be addressed to

REGISTRAR (ACADEMIC, RESEARCH & STUDENT AFFAIRS)

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MERU TEL: 0725-330827 FAX: 064-30321 EMAIL: admission@must.ac.ke