



MERU UNIVERSITY OF SCIENCE & TECHNOLOGY
CONSENT TO COLLECT, USE, SHARE AND RETAIN PERSONAL DATA

Student Name: _____ Admission Number: _____

Programme of Study: _____

Date of Birth: _____ National ID/Passport Number: _____

Dear Student,

Congratulations on your admission to Meru University of Science & Technology (MUST)! We are pleased to welcome you as a new member of our academic community.

Consent to Admission:

By signing this form, I, the undersigned student, acknowledge and agree to the following:

1. Admission Agreement

I accept the offer of admission to Meru University of Science and Technology (MUST) for the _____ programme. I understand that my admission is based on the academic records and qualifications I have provided to the University.

2. Processing and Use of Personal Data

As a Data Subject, I consent to the processing and use of my academic records and other personal information by the University (Data Controller) and its relevant personnel for the purposes of my admission, enrollment, and academic assessment.

3. Sharing of Personal Data with Third Parties

I understand that the University, as a public establishment, collaborates with various stakeholders to fulfill its mandate. This may require the collection, processing, use, and sharing of my personal data with stakeholders, including my parents/guardians, educational partners, collaborating institutions, government authorities, professional and regulatory bodies, accreditation agencies (such as the Ministry of Education, National Treasury, Parliamentary Committee on Education, Higher Education Loans Board, Commission for University Education, and Kenya National Bureau of Statistics), alumni associations, donors, external examiners/assessors, and service providers (such as financial institutions, outsourced insurance companies, medical institutions, and support service providers, including cloud storage).

4. International Data Transfers

I understand that the University will ensure that any international transfers of my personal data comply with applicable data protection laws and will take appropriate safeguards to protect the privacy and security of my data.

5. Safeguarding and Protection of Information

I understand that MUST has implemented technical and operational measures to ensure the integrity and confidentiality of my data. The University will handle my personal information with confidentiality and in accordance with applicable data protection laws, using it solely for academic and administrative purposes.

6. Retention of Personal Data

I understand that the period of retention for my personal data will be determined by MUST in accordance with applicable laws and policies.

7. My Rights in Relation to Personal Data

Subject to legal and contractual exceptions, the University grants me the rights under the Data Protection Act, 2019, regarding my personal data. These rights include:

- o The right to be informed of how my personal data is used.
- o The right to access my personal data held by the University.
- o The right to object to the processing of all or part of my personal data.
- o The right to correct false or misleading data.
- o The right to request the deletion of false or misleading data about me.

To exercise these rights, I may contact the Office of the Registrar, ASA, at registrarars@must.ac.ke.

8. Right to Withdraw Consent

I understand that I have the right to withdraw my consent at any time by providing written notice to MUST. However, I acknowledge that withdrawing consent may affect my admission status and continued enrollment.

Declaration and Signature:

I, the undersigned, declare that I have read and fully understood the terms and conditions outlined in this consent form. I voluntarily consent to the admission process, collection, processing, use and retention of my data/my child’s data as stated above.

Student’s Signature: _____ **Date:** _____

To be filled by parent/guardian (where the student is under 18 years):

Parent/Guardian’s name: _____ ID/passport No.: _____

Tel: No.: _____ Signature: _____ Date: _____

For Official Use Only:

Received by: _____ Signature: _____
For: Registrar, ASA

Date of Receipt: _____ Official stamp: _____