



MERU UNIVERSITY OF SCIENCE AND TECHNOLOGY

P.O. Box 972-60200 – Meru-Kenya.

Cell phone: +254 0712-524293, 0799-529958, 0799-529959, 0725797966

Website: www.must.ac.ke Email: registrars@must.ac.ke, admission@must.ac.ke

STUDENT PERSONAL DETAILS

Information provided in this form will be used for purposes of improving the welfare of the student while at the University.

(To be completed in TWO copies and in CAPITAL Letters. One copy to be retained by the Candidate)

1. Full Name: Surname First Name
Middle Name.....

2. University Registration Number:
Year of Study (please tick appropriately): (a) First (b) Second (c)Third
Programme Name:
University Registration Number

3. Nationality (tick appropriately): Kenyan Non-Kenyan Specify Country.....
National Registration Number (ID/Birth Certificate Number/Passport Number (for non-Kenyan)
.....

4. Date of Birth: Date..... Month..... Year.....

(a) Place of Birth:

Village:	Name of Chief:
Location:	Sub-county:
Division:	Ethnicity Group:
County:	

(b) Current Residence:

Village:	Name of Assistant Chief:
Nearest Town:	Division:
Location:	Name of Chief:
Sub-county:	County:

5. Religion (tick appropriately)

Protestant	Catholic	Muslim	Any other
------------	----------	--------	-----------

6. Student Mobile Number: EMAIL:

Home Contact Address (where you can be contacted during vacation)

P.O. BoxTown Code C/o

7. Marital status (tick appropriately): (a) Single (b) Married

Name and address of spouse if married

8. Name and address of Parents/Guardian/Next of Kin

Father:		
Surname:	First Name:	Middle Name:
P.O Box:	Town:	Postal Code:
Telephone:	Email Address:	Occupation:
ID Number	Passport (where applicable)	
Mother		
Surname:	First Name:	Middle Name:
P.O Box:	Town:	Postal Code:
Telephone:	Email Address:	Occupation:
ID Number	Passport (where applicable)	
Guardian		
Surname:	First Name:	Middle Name:
P.O Box:	Town:	Postal Code:
Telephone:	Email Address:	Occupation:
ID Number	Passport (where applicable)	
Next of Kin		
Surname:	First Name:	Middle Name:
P.O Box:	Town:	Postal Code:
Telephone:	Email Address:	Occupation:

ID Number	Passport (where applicable)	
-----------	-----------------------------	--

9. Name and address of two persons who can be contacted in case of an emergency.

Surname:	First Name:	Middle Name:
P.O Box:	Town:	Postal Code:
Telephone:	Email Address:	Occupation:
ID Number	Passport (where applicable)	
Surname:	First Name:	Middle Name:
P.O Box:	Town:	Postal Code:
Telephone:	Email Address:	Occupation:
ID Number	Passport (where applicable)	

10. Name and address of primary school attended:

Name:	Duration: Date From	To
Address:	Marks attained:	
Town:		
Postal Code:		

11. Secondary Education Details: KCSE/KCE

Name:	Postal Code:	
Address:	Duration: Date From	To
Town:	Mean Score/Division attained:	
Subjects and grades attained		
1.	6.	
2.	7.	
3.	8.	
4.	9.	
5.	10.	

12. Any other Institution attended and qualifications attained

Name of Institution:
Qualification (tick appropriately: Certificate Diploma Post Graduate Diploma Bachelors Masters Others (specify the field e.g. CPA)

I certify to the best of my knowledge that the information I have provided is correct and true

Signature.....Date: