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P. O. Box 1801-70100,
 Garissa, KENYA

Admissions email:
 admissions@gau.ac.ke

GARISSA UNIVERSITY
OFFICE OF THE REGISTRAR
ACADEMIC & STUDENTS' AFFAIRS

APPLICATION FOR ADMISSION

Complete this application form by attaching **Certified Copies** (by Concerned Institution or Commissioner of Oaths) of Academic Testimonials and a banking slip of non-refundable application fee of Ksh.500-Certificate/Diploma, Ksh.1000-Degree, Ksh.2000-Masters and Ksh.3000 PhD Programmes. (Payable to **Equity Bank**, Account Name-**Garissa University** & Account Number- **0 5 8 0 2 6 1 3 5 8 4 0 6**) and **return it to Admissions Office** via hand delivery, post or email: see letter head for addresses.

SECTION 1: PERSONAL DATA

Surname.....Other Names..... Gender.....

Passport/ID No.....Date of Birth..... Marital Status.....

Tel. No...../..... Permanent Address P.O. Box.....
 Email...../.....

Citizenship..... County..... Religion.....

Do you live with any disability? If yes, state nature of Disability

SECTION 2: ACADEMIC/PROFESSIONAL PROFILE

List all **secondary Schools** attended (*Attach Certified Copies of Result slips & Certificates*)

SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE OBTAINED	GRADE

Post-Secondary Education (*Attach Certified Copies of Result slips & Certificates*)

INSTITUTION/UNIVERSITY	FROM (YEAR)	TO (YEAR)	AREA OF STUDY	QUALIFICATIONS ATTAINED

Work/Professional Experience

JOB TITLE	EMPLOYER	FROM (YEAR)	TO (YEAR)

SECTION 3: PROGRAMME

(e.g. Certificate in Information Technology, B. Ed (Arts), MBA)

1st Choice2nd Choice.....3rd Choice.....

When would you like to commence your studies: Month..... Year.....

What is your preferred mode of study: Regular/Weekends/Part time/.....

SECTION 4: VERIFICATION

By signing this application you confirm that the information submitted herein is correct and that any misrepresentation of facts on this application could be cause for the expulsion or suspension from Garissa University if discovered after enrolment.

Student’s signature.....Date.....

FOR OFFICIAL USE ONLY

RECOMMENDATIONS

Departmental Academic Board:

Recommended Programme..... No. of Years.....

Not recommended?Reason.....

Referred to.....

HoD: Name.....Signature.....Date.....

School Academic Board:

Recommendations.....

Dean: Name.....Signature.....Date.....

University Admissions’ Committee:

Recommendations.....

Not recommended?Reason.....

Chair: Name.....Signature.....Date.....