



THE PRESBYTERIAN UNIVERSITY OF EAST AFRICA

P.O. Box 387-00902, Thogoto, Kikuyu Kenya: Phone 0723 799 904 website: <u>www.puea.ac.ke</u> Email: <u>info@puea.ac.ke</u>

# APPLICATION FOR ADMISSION (UNDERGRADUATE PROGRAMMES)

## Application form number.....

NOTES:

- i. This form should be typed or completed in **BLOCK LETTERS**, and returned to: **The Admissions Office**, **Presbyterian University of East Africa Kikuyu Campus; OR** to the **Nairobi Town Campus, Biashara Plaza, 3<sup>rd</sup> floor OR** post it to the **address given above**.
- ii. Attach copies of your professional and academic certificates and transcripts, Identity Card/Passport/Birth Certificate plus your current appointment letter (where applicable)
- iii. Attach copies of your Next of Kin's Identity Card/Passport
- iv. All International students should fill an Application for Kenya Pupils Pass form (Copies of Passport should be certified by Commissioner of Oaths/Advocate/Embassy)
- v. Attach four passport size photographs from a good studio
- vi. Applicants should pay in cash the sum of Kshs 1,000 (Non Refundable) for the processing fee

PERSONAL DETAILS

**SECTION** 

|                         | I LINDOI (IIL DLIIIII  |                           |  |  |
|-------------------------|------------------------|---------------------------|--|--|
| Surname:                | Other Names:           |                           |  |  |
| Date of Birth:          | Nationality:           |                           |  |  |
| Gender: Male [ ]        | Female                 | [ ] (Tick appropriately)  |  |  |
| Postal Address:         | Postal Code:           | Town                      |  |  |
| Tel. No: Home           | Office:                | Mobile:                   |  |  |
| Email:                  | I.D./Pa                | assport Number:           |  |  |
| Next of Kin Name        | Re                     | lationship                |  |  |
| MobileNoEm              | ail                    | Postal Address            |  |  |
| Postal Code             | I.D./Pa                | I.D./Passport Number:     |  |  |
| <b>Campus of Choice</b> | Kikuvu [] Nairobi Town | Campus/Biashara Street [] |  |  |

Campus Main Campus Kikuyu [] Nairobi Town Campus/Biashara Street [ ACA/ADM/002

| <b>TYPE OF ADMISSION SOU</b>                           | GHT (Plea  | ase Tick):        |           |           |   |   |
|--|------------|-------------------|-----------|-----------|---|---|
| <u> Main Campus – Kikuyu</u>                           |            | <u>Town Campu</u> | S         |           |   |   |
| Full-Time Student                                      | []         | Part-Time Stud    | dent      | []        |   |   |
| Open and Distance Learning                             | [ ]        |                   |           |           |   |   |
| School-based Learning                                  | []         |                   |           |           |   |   |
| Boarder/Day Scholar                                    | []         |                   |           |           |   |   |
| SEMESTER INTAKE (Plea                                  | se Tick):  |                   |           |           |   |   |
| January/April [ ]                                      | May/Au     | gust [ ]          | September | /December | [ | ] |
|  | 5          | SECTION B         |           |           |   |   |
| PROGRAMME APPLIED FO                                   | DR (Please | e Tick):          |           |           |   |   |
| Undergraduate Degree                                   | []         | Diplon            | na Course | [         | ] |   |
| Certificate  | []         | Pre-Un            | iversity  | [         | ] |   |
| Short Course   | []         |                   |           |           |   |   |
| Please specify the Programme<br>1 <sup>st</sup> Choice | applied fo | or:               |           |           |   |   |

2<sup>nd</sup> Choice

#### ACADEMIC HISTORY

| Name of<br>School/College/University | Dates attended<br>(e.g. 1996-2000) | Grade attained | Year of<br>Graduation |
|--------------------------------------|------------------------------------|----------------|-----------------------|
|                                      |                                    |                |                       |
|                                      |                                    |                |                       |
|                                      |                                    |                |                       |

# **REFERENCE INFORMATION**

| Please obtain a reference letter from one of the following persons; A Religious Leader, A Former Teacher, Employer or somebody who knows you personally ( <b>NOT</b> a Relative). |             |                            |     |  |
|---|-------------|----------------------------|-----|--|
| Name & Title of R   |             |                            | ,   |  |
| Address:  |             | Postal Code:               |     |  |
| Town:   |             | Tel:                       |     |  |
| How did you com   | e to know a | bout PUEA? Kindly tick     |     |  |
| Family/Friend   | ( )         | Puea Staff/Current student | ( ) |  |
| (Please specify Nan   | ne)         |                            |     |  |
| Newspaper   | ( )         | Exhibition/ Brochure       | ( ) |  |
| Television/Radio  | ( )         | Church Event/Announcement  | ( ) |  |
| DECLARATION   |             |                            |     |  |

I certify that the information provided above is correct. The University will nullify any admission obtained on the basis of untrue information.

### Signature: