



**MASENO UNIVERSITY  
OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS**

Tel: 254-057-51622, 51620, 51008, 51011  
Fax: 254-057-51221, 51153

Private Bag  
MASENO  
[www.maseno.ac.ke](http://www.maseno.ac.ke)



**APPLICATION FORM FOR UNDERGRADUATE E-LEARNING PROGRAMMES**

**NOTE:**

- i. That the completed form should be sent by courier to the DIRECTOR E-CAMPUS, MASENO UNIVERSITY, VARSITY PLAZA 10<sup>TH</sup> FLOOR, WING A. P.O. BOX 3275-40100, KISUMU.
- ii. That all candidates applying must attach copies of their certificates/transcripts, Identity Card/Waiting Card/Birth Certificate and School Leaving Certificate.
- iii. That only successful candidates will be contacted.
- iv. That the names appearing on this form should be the same as those on your certificates.

**1. PERSONAL DETAILS:**

Surname/Family Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Day    Month    Year

Gender:             Male             Female

Marital Status:     Single             Married

Nationality: \_\_\_\_\_

ID/Passport: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

**2. DEGREE APPLIED FOR:**

- Bachelor of Business Administration (BBA, With IT)
- Bachelor of Science (Mathematics and Business Studies, With IT)
- Bachelor of Science (Mathematical Sciences, With IT)
- Bachelor of Science (Actuarial Science, With IT)
- Bachelor of Science (Applied Statistics, With IT)
- Bachelor of Procurement and Supply Chain Management



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**3. ACADEMIC BACKGROUND:**

i. KENYA CERTIFICATE OF SECONDARY EDUCATION (KCSE)/KCE/EACE or Equivalent Examination passed.  
Candidates offering alternative qualifications must attach copy (ies) of certificate(s).

Last Secondary/High School attended: \_\_\_\_\_

Date of Admission: \_\_\_/\_\_\_/\_\_\_\_\_

Date of Completion: \_\_\_/\_\_\_/\_\_\_\_\_

Year of Examination: \_\_\_\_\_

Index Number: \_\_\_\_\_

Examination body: \_\_\_\_\_

MEAN GRADE: \_\_\_\_\_

POINTS: \_\_\_\_\_

SUBJECT

GRADE

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ii. KENYA ADVANCED CERTIFICATE OF EDUCATION (KACE), EAACE or Equivalent. (Write N/A if Not Applicable)

High School Attended: \_\_\_\_\_

Date of Admission: \_\_\_/\_\_\_/\_\_\_\_\_

Date of Graduation: \_\_\_/\_\_\_/\_\_\_\_\_

Year of Examination: \_\_\_\_\_

Index Number: \_\_\_\_\_

Examination Body: \_\_\_\_\_

Result: Principle Pass (es): \_\_\_\_\_

Subsidiary Pass (es): \_\_\_\_\_

SUBJECT GRADE

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**4. PROFESSIONAL OR OTHER QUALIFICATION (s)**

Give details where obtained, dates and certificate(s) awarded. (Attach documentary proof).

Qualifications	Where obtained	Dates	Award

**5. EMPLOYMENT HISTORY:**

List all relevant work experience: previous and current.

Date of Employment		Job Title
From	To	

**6. ACADEMIC REFEREES (Applicable only to degree applicants)**

Give names, contacts and designation of two referees.

**REFEREE 1**

Name, Title and Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**REFEREE 2**

Name, Title and Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I declare that all statements on this application from and any material filed in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that withdrawal may take place at any stage during the course of study.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** Once your application is received at the eCampus and confirmed as complete, it will be forwarded to the Office of the Registrar, Academic Affairs for further action.



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**FOR OFFICIAL USE ONLY**

**ACADEMIC DIVISION USE:**

**OFFICIAL STAMP**

**RECEIPT OF APPLICATION FORM**

Date of receipt: \_\_\_/\_\_\_/\_\_\_\_\_

Name of officer receiving: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recommendation of Head of Department:**

Name of H.O.D: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Recommendation of the Dean/Director of School/Faculty:**

Name of Dean/Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Recommendation of Admissions Board:**

Admitted/Not Admitted for: \_\_\_\_\_

Degree/Diploma/Certificate: \_\_\_\_\_ Department: \_\_\_\_\_

Deferred until: \_\_\_\_\_ Date of Meeting: \_\_\_/\_\_\_/\_\_\_\_\_

**NOTE:** The University reserves the right to request and obtain further information from any educational institution or Employer which may be required to confirm or clarify your suitability for the courser applied for.



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