

KENYA HIGHLANDS UNIVERSITY

**OFFICE OF THE REGISTRAR
(ACADEMIC)**



AFFIX PASSPORT SIZE
PHOTOGRAPH
HERE

registraracademics@khu.ac.ke Website: www.khu.ac.ke

APPLICATION FORM

NOTES

1. This form should be **FILLED** and returned to: The **Registrar (Academic), Kenya Highlands University, P.O Box123, 20200, Kericho, Kenya.**
2. **Attach copies of:**
 - a. Your Identification Card
 - b. Your Professional and academic certificates and transcripts.
3. **Application processing fees**
 - a. Masters applicants must pay in cash Ksh. 1500
 - b. Degree applicants must pay in cash Ksh. 1000
 - c. Diploma applicants must pay in cash Ksh. 500
 - d. Certificate applicants must pay in cash Kshs. 300
4. Attach **Two** copies of your passport size color photograph.

SECTION A

PERSONAL DETAILS

1. Name: _____
(Surname) (Other names)
2. Date of Birth: _____ Gender: (Tick") Male: Female:
(Date) (Month) (Year)
3. Nationality: _____ ID/Passport No: _____
4. Marital Status: (Tick ") Single: Married:
5. Do you have any disability? Yes No If yes state the nature.....

CONTACT DETAILS

Postal Address: _____ Postal Code: _____
Mobile: _____ Home Tel No: (Landline): _____
Email: _____

PARENT'S/GUARDIAN'S INFORMATION

Name: _____

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iii. Describe your personal relationship with Jesus Christ?

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g. How did you get to know about KHU?

--- Exhibition --- Advertisement --Student Recommendation ---Friends Recommendation ---- Other means

SECTION C

DECLARATION BY APPLICANT

I hereby declare to the best of my knowledge, that information I have given is correct

Signature Date.....

SECTION D

For official use only:

Approved /Not approved for admission

If Not approved reason.....

H.O.D.: Sign..... Date

Registrar Academic: Sign..... Date