



MULTIMEDIA UNIVERSITY OF KENYA

P.O. Box 15653 - 00503, Mbagathi, Nairobi Tel: +254 020 2071391, +254 020 724257083,
+254 020 735900008 Fax: +254 020 2071243 Email: info@mmu.ac.ke

(MMU is ISO 9001:2015 Certified)

STUDENT'S ENTRANCE MEDICAL EXAMINATION

IMPORTANCE:

Students are requested to complete **Part I** of this Form, Part II should be completed by the Medical Officer examining the student. The completed form should be submitted to the Medical Officer, Multimedia University of Kenya on the reporting day.

Part I: (To be completed by the Student)

(a) Surname _____

(Other Names) _____

Date of Birth _____

Place of Birth _____

Nationality _____ Gender _____

Registration No: _____

Faculty _____

Single/Married _____

Name, Address and Telephone Number of Parent/Guardian/Next of Kin

(b) Have you ever been admitted into a hospital? Yes / No

If so, state reason for admission and date.

(c) Have you had any of the following illnesses? (Delete as necessary)

Tuberculosis or other chest infection? _____ Yes/No

Fits, Nervous disease or fainting attacks _____ Yes/No

Heart Disease or Rheumatic Fever _____ Yes/No

Any disease of the Digestive System..... Yes/No



Allergies to food or drugs _____ Yes/No
Malaria _____ Yes/No
Sexually Transmitted Diseases _____ Yes/No
Poliomyelitis _____ Yes/No
Diabetes _____ Yes/No
Hypertension _____ Yes/No
Hepatitis _____ Yes/No
Sickle cell diseases _____ Yes/No
Leukemia _____ Yes/No
Asthma _____ Yes/No
Epilepsy _____ Yes/No

If the answer to any of the above is yes, please give details with dates

If there are any other relevant details of your medical history not covered by the above questions, please give particulars.

(d) Family History

Do any of your relatives suffer from?

- i) Tuberculosis _____ Yes/No
- ii) Insanity or mental illness _____ Yes/No
- iii) Diabetes Mellitus _____ Yes/No
- iv) Heart Disease _____ Yes/No
- v) High Blood pressure _____ Yes/No
- vi) Allergies _____ Yes/No
- vii) Epilepsy _____ Yes/No
- viii) Others, please specify _____

(e) Have you been immunized against any of the following diseases:-

- (i) Smallpox _____ Yes/No/Date _____
- (ii) Tetanus _____ Yes/No/Date _____
- (iii) Poliomyelitis _____ Yes/No/Date _____
- (iv) Covid-19 _____ Yes/No/Date _____

(f) Social history

- i) Do you consume alcohol? _____ Yes/No. How often (If Yes) _____

- ii) Do you consume tobacco? Yes/No. How often (If Yes) _____

- iii) Are you on regular doctor's medication? Yes/No. How often . Which one _____



(g) Medical Insurance Status

Do you have any Medical Insurance? If Yes/No which one?

- i) NHIF _____ Yes/No
- ii) Others (Provide Insurance Cover and Policy number)

PART II (To be completed by the Examining Medical Officer)

(a) Height _____ Weight _____

(b) VISUAL ACUITY

Without glasses R.6 L.6

With glasses R.6 L.6

(c) Hearing Right Ear Left Ear

(d) Condition of:

Teeth _____ Throat _____

Ears _____ Lymphatic glands _____

Nose _____

(e) Circulatory system:

Pulse _____

Heart _____

Blood Pressure Systolic _____ Diastolic _____

(f) Respiratory system

Chest X-Ray- **The film and report should be presented along with the Medical Certificate.**

(g) Abdomen: any palpable masses – Physiological or Pathological?

Liver _____

Spleen _____

Uterus _____ L.M.P. _____

(h) Urine: Albumin _____ Sugar _____

(i) Is the student on any treatment?

(j) Any other observation of importance _____

Name of Medical Officer _____

Signature _____ Date & Stamp _____

PART III (To be completed by Multimedia University of Kenya Medical Officer, after the student has registered with the University).

Special Remarks _____



Is the student fit for University Education _____ Yes/No?

University Medical Officers _____

(NAME)

Signature _____

Date & Stamp _____

Part IV: Personal Declaration

I hereby consent to offer this information to any Medical authority as deemed necessary to effect quick treatment.

Student's Name _____

Signature _____ Date _____





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ADMISSIONS CHECK LIST FORM FOR NEW STUDENTS

Name of Student _____ Faculty _____
Surname other names

SNo	ITEM	NO OF COPIES	REMARKS BY THE VERIFYING OFFICER
1	Copy of the letter of Offer	2	
2	Original National ID / Passport / Birth Certificate OR any other document(s) that can be used to identify the new Student	1	
3	Copy of National ID / Passport / Birth Certificate OR any other document(s) that can be used to identify the new Student.	1	
4	a) Original KCSE result slips/KCSE Certificate b) Original Leaving Certificate c) Any other Academic transcripts (where applicable).	1	
5	a) Copy of KCSE result slips/KCSE Certificate, b) Copy of Leaving Certificate c) Copy of any other Academic transcripts (where applicable).	1	
6	Medical Report (MMU/F/AD/001)	1	
7	Duly filled students' detail forms (MMU/F/AD/004-012).	1	
8	Colored Passport Photos	3	
9	Proof of payment for total fee as quoted on the MMU fee structure	1	

NAME OF VERIFICATION OFFICER:

SIGNATURE: DATE:

STAMP:





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ADMISSIONS JOINING INSTRUCTIONS

1. STUDENTS PERSONAL DETAILS

You are required to complete two (2) copies of Students Personal Details form and return the forms together with three (3) Coloured Passport – Size Photographs to the Registrar (AA) along with the other documents listed in the Letter of Offer.

2. MEDICAL EXAMINATION

Admission into the University is conditional upon a satisfactory medical report being received. The Student is therefore required to undergo a medical examination by a recognized medical practitioner before coming to the University. Form **MMU/F/AD/-001: STUDENT'S ENTRANCE MEDICAL EXAMINATION** is attached for this purpose.

The Doctor who examines the student is kindly requested to complete the form and enclose it in a sealed envelope addressed to the Medical Officer – Multimedia University of Kenya P.O. BOX 15653 – 00503, NAIROBI – The student is required to bring along with him/her the form on the day of registration. **This form SHOULD NOT BE SENT BY POST.**

3. MEDICAL SERVICES AT THE UNIVERSITY

The University Health center is open to the students. However, students are advised to be prepared to meet the cost of any medical services not provided by the University Health Centre.

4. DENTAL AND OPTICAL TREATMENT

The University does not provide optical or dental treatment. Any student seeking such treatment will therefore be required to organize for their own private treatment.

5. SPECIAL MEDICAL CONSENT FORM FOR MINORS

Parents (or guardians) of students who are under 21 years of age are required to fill and sign Form **MMU/F/AD/-009** - form of consent in emergency operations on the reporting date.

6. MATERIALS NEEDED BY THE STUDENTS.

- a) Academic stationery
- b) Books and equipment/depending on the Faculty/School/Institute in which one is registered.



7. FEE PAYMENT POLICY

- a) All students must pay full fees as reported in the fee structure on the reporting day. The payments will be in form of bank deposit slips or through the Multimedia University Paybill Nos, with students full names and admission numbers written on them as they appear in their Letter of Offer.
- b) Students with exceptional cases **MUST SEE** either the Deputy Vice Chancellor (AA, R&I) or the Registrar (AA) to commit in writing on the mode of payment, which will be strictly followed and enforced.
- c) Students who cannot meet this obligation are advised to **defer** their studies to the next intake.
- d) Copy of the fee policy is attached for more information. It can also be downloaded from the University website: <https://mmu.ac.ke/students-documents/>

8. PAYMENT DETAILS

- a) Tuition and Accommodation fee be **deposited to** Multimedia University Account Nos:
 - i. **Kenya Commercial Bank Account No.** 110-451-3447 Ongata Rongai Branch or any of their branches **or**
 - ii. **Equity Bank Limited Account No.** 061-0262187946 Ongata Rongai Branch or any of their branches **or**
 - iii. Bankers Cheque drawn in favour of Multimedia University of Kenya **or**
 - iv. Account: Student's Registration Number as it appears on the letter or offer **E.g. MCS-000-000/2023**
- b) On-campus accommodation is available at the University Hostels for first-year students on a ***first come first served basis***. If you wish to secure accommodation in the University Hostels, kindly ensure that you have made the necessary payment for your hostel fees (in addition to your tuition fees) ***at least three working days*** before the official reporting date for ease of room allocation and present proof of payment to the Hostel Manager (see details in form MMU/F/AD/-002). Please note that hostel accommodation is allocated based on four students sharing one room and will only be allocated during the official reporting dates.
- c) Electronic transfer to the accounts given above may be used by customers sending money from foreign countries. The transfer codes are obtainable from the bank e.g. for Kenya Commercial bank the code is SWIFT CODE KCBKENX.
- d) Cash payments made in KCB Mtaani and Equity Agent payments **SHALL NOT** be accepted.
- e) Fees is paid strictly as per the University Fee Payment Policy





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STUDENTS' PERSONAL DETAILS

Affix passport
Here.

Information provided in this Form is intended to help the Office of the Registrar /Academic Affairs understand the student better. It will also be used for purposes of improving the student's welfare while at the University. This form is to be completed in **capital letters**. Attach a passport size colored photograph on the form. **(NOT FROM A "PHOTO ME" MACHINE)**.

1. Full Name: (Surname or Last Name) _____ (Mr.Mrs.Miss)

(Other Names)
2. National Identity No/Birth Certificate No. _____
3. County as per ID _____
4. University Registration Number _____
5. Date of Birth _____
6. Religion
 1. Protestant 2. Catholic 3. Muslim 4. Other (Specify)
7. Nationality _____



8. Home Contact Address _____

E-Mail address _____

Mobile Tel/No _____

9. a) Marital Status _____

(b) Name and Address of Spouse (If married) _____

10. Full name of Mother _____ Deceased/Alive

Full name of Father _____ Deceased/Alive

(a) Occupation of Father _____ Date of Birth _____

(b) Occupation of Mother _____ Date of Birth _____

11. Name(s) of siblings and address

12. Place of birth:

Location _____ Name of Chief _____

Division _____ District _____ County _____

Place of Permanent Residence: Village/Town

Nearest Town _____ Location _____

Nearest Police Station _____



13. Give names and addresses of two persons who can be contacted in case of an emergency.

A. Name _____

Relationship _____

Address & Tel. No. _____

E-mail _____

B. Name _____

Relationship _____

Address & Tel. No. _____

E-mail _____

14. Education Background

A. Secondary School/O-level

Name of the School(s)	Year Attended		Aggregate Grade

16. Any other Institutions/Attended and qualifications attained

17. Games/sports: which games and sports do you participate in?

1. Soccer 2. Hockey 3. Basketball 4. Netball



5. Tennis 6. Badminton 7. Rugby 8. Volleyball
9. Athletics 10. Swimming 11. Table Tennis 12. Darts
13. Karate 14. Martial Arts 15. Softball 16. Other (Specify)

18. Clubs Societies and Hobbies: Which clubs, societies and hobbies are you interested in?

19. Are you physically challenged? If so give details of nature of the challenge.

20. Please give any information you think is useful for you to communicate to the University.

21. Fees Payment

Who will finance your education?

- a. Self
- b. Parent/Sponsor
- c. Bursary/Scholarship
- d. HELB Loan



Name of sponsoring organization (if any) _____

Address _____

E-mail _____

22. DECLARATION

I _____ hereby
declare that the information provided in this form is true to the best of my
knowledge, and I understand that any false information given could render me
liable to prosecution

Signature _____ Date _____





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STUDENTS' DATA SHEET

Registration No. _____

Surname _____

Other names _____

Date of Birth _____

Gender (Tick) _____ Male _____ Female _____

ID / Passport No. _____

District _____

County _____

Mobile No. _____

Email address _____

Programme _____

Faculty _____

Centre/ Campus _____

Year of study(e.g Year 1,2 e.t.c) _____

Sponsor (Tick) G.o.K _____ Self _____ other(s) _____

EMERGENCY CONTACTS

Name of the contact person _____

Postal Address _____

Phone/Mobile No. _____

E-Mail _____





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LETTER OF ACCEPTANCE BY THE STUDENT

SECTION A: (To be completed by those accepting the offer.)

1. Candidate's Surname _____
2. Other Names _____
3. Application No _____

With reference to your letter offering me a place in the Faculty of _____
_____ for a course leading to the
Degree of _____

This is to confirm that:

I **DO ACCEPT** the offer and **PROMISE TO ABIDE** by the Rules and Regulations governing the conduct and discipline of the students of Multimedia University of Kenya as spelt out in the "STUDENTS CODE OF CONDUCT HANDBOOK".

I accept to abide by the rules and regulations made from time to time for the good order and governance of the University.

Signature of Candidate: _____ Date _____

SECTION B: (To be completed by those **NOT ACCEPTING** the offer)

1. Applicant Name _____
2. Other Names _____
3. Application No _____

With reference to your letter offering me a place in the Faculty of _____
_____ for a course leading to the Degree of _____



_____ This to confirm that I **WILL NOT**
ACCEPT the offer, because of the following reasons.

(Mark X against that which is applicable)

S/No.	Reason	Tick
1	Family problems	
2	Health	
3	I have been offered an Overseas Scholarship	
4	The University has given/ not given me the course I applied for	
5	I have taken on employment	
6	Any other reasons (state the reasons here) _____ _____ _____ _____ _____	

Yours faithfully _____

(Surname)

Signature _____ Date _____





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COURSE ACCEPTANCE DECLARATION

I hereby undertake to complete the course for which I have been accepted at the Multimedia University of Kenya, unless I am requested to discontinue by the University Authorities.

I understand that change of Faculty or Department will be permitted only by approval of the University SENATE.

I accept to abide by the regulations made from time to time for the good order and governance of the University lawfully made by the Vice Chancellor and other duly appointed officers of the University.

Students' Name _____

Signature _____

Date _____

Name (Parent/Guardian) _____

Signature _____

Relationship _____

Date _____





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STUDENTS' REGULATION DECLARATION

I _____ Registration No _____

Of Faculty/School/Institute of _____

Department _____

Hereby declare that I have read and understood the Regulations governing the conduct of examination of the university as spelt out in the Common Examination Regulations Handbook.

I further promise to abide by all the rules and regulations governing the conduct and discipline of the students of Multimedia University of Kenya as spelt out in the Rules and Regulations Handbook.

Signature _____

Date _____





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FORM OF CONSENT IN EMERGENCY OPERATIONS

Students' Details

Name of the student _____

Surname

Other Names

Registration No: _____

Course Accepted for _____

Emergency Operations

Approval of Parent/Guardian is required to enable the Vice Chancellor of the Multimedia University of Kenya to give consent on behalf of the student for emergency operations to be carried out on the student if a situation calling for such an operation arises.

Parent/Guardians are therefore requested to fill in the consent form below if the applicant is a minor.

Form of Consent

I agree that the Vice Chancellor of the Multimedia University of Kenya may consent to an emergency operation being performed on _____

(Insert Name) If it has proved not possible to contact me in time.

Name of Parent/Guardian _____

Relationship _____

Address P.O. Box _____

Mobile No. _____ Landline _____

E-mail address _____ Date _____





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DECLARATION FOR PURCHASE OF INSTRUMENTS AND PROTECTIVE CLOTHING

A. INSTRUMENTS AND PROTECTIVE CLOTHING FOR ALL ENGINEERING STUDENTS

You are required to bring with you the Items appended here below. Be advised that your respective departments may not register you unless you fulfill this requirement.

1. A set of draughtsman drawing Instruments.
2. T-square
3. Set squares 0,45,90 (degrees)
4. 2H,HB and 3H Pencils and good quality eraser
5. Blue overall.
6. Protective boots

B. STUDENTS DECLARATION FOR PURCHASE OF INSTRUMENTS AND PROTECTIVE CLOTHING

I hereby undertake to purchase all the instruments and protective clothing, scientific calculators as required by the Faculty that I have been admitted into.

Name: _____

Registration Number: _____

Department: _____

Signature: _____

Date: _____





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DECLARATION FOR PURCHASE OF LAPTOP

A. PURCHASE OF A LAPTOP FOR ALL STUDENTS

You are required to bring with you a laptop with the minimum specifications indicated below. Be advised that your respective departments may not register you unless you fulfill this requirement.

Category 1: For students taking courses in Faculties of Computing & IT, Engineering and Science	Category 2: For students taking all other courses
Screen: 14” RAM: 8GB Storage: SSD 128GB CPU: Intel Core i5, 8 th Gen or newer Operating System: Windows 10	Screen: 14” RAM: 4GB Storage: SSD 128GB CPU: Intel Pentium Operating System: Windows 10

B. STUDENTS DECLARATION FOR PURCHASE OF A LAPTOP

I hereby undertake to purchase a laptop with the following specifications as required by the University.

Name: _____

Registration Number: _____

Department: _____

Signature: _____

Date: _____





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REGISTRATION NUMBER: _____

COURSE NAME: _____

MMU STUDENT REGISTRATION FORM			
PERSONAL DETAILS		NEXT OF KIN DETAILS	
Last Name		Name	
		Relation (i.e mother, father guardian ,brother or sister)	
First Name		Address	Code
Middle Name		Town	
E-mail Address		Sponsor	GoK <input type="checkbox"/> SSP <input type="checkbox"/>
National Identification. Number(ID No.) or passport number		Guardians' Mobile No: (Give at least <u>TWO</u> mobile numbers)	
KCSE Index Number	Year of Exam		
Nationality			
Date of Birth	Date <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-mail Address	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	Are you physically challenged? If yes specify type of challenge.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home County	Tribe	COURSE DETAILS	
Student Mobile Number:		Start Date	
Address	Code	End Date	
		Entry Level (Eg. 1.1 or 2.1)	
Have you ever been registered for a course at MMU before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Provide Admission No.
Student's Signature: _____		Date: _____	