

MULTIMEDIA UNIVERSITY OF KENYA

P O Box 15653-00503, Nairobi, Magadi Road, Kenya Tel. +254 2141391/2/3 Fax: +254 2141247 (MMU is ISO 9001:2015 Certified)

STUDENT COURSE APPLICATION FORM

PROGRAMME LEVEL: CERTIFICATE () DIPLOMA () UNDERGRADUATE DEGREE () (Tick as appropriate)

NOTES:

- a) This form should be completed and returned to the Office of Registrar (Academic Affairs), Multimedia University of Kenya P.O. Box 15653-00503, Nairobi. E-Mail: admissions@mmu.ac.ke Or info@mmu.ac.ke
- b) Sections A, B, C and D of this form should be completed in CAPITAL Letters.
- c) The Following documents MUST be attached on Course Application Form:
 - i. Certified copies of KCSE Result Slip/ KCSE Certificates, Leaving Certificate and Transcripts. Certification should be done strictly by either KNEC or the KCSE/ Certificate/Diploma offering School or College/Institution.
 - ii. Copy of your National ID Card or Birth Certificate.
 - iii. ORIGINAL RECEIPT/Bank Pay in Slip. Application Fee: Kshs.1000.00 for Undergraduate degree and Kshs.500.00 for Diploma and Certificate Programmes.
- d) All payments to be made to: Multimedia University of Kenya.

 Banks: Kenya Commercial Bank Account No. 110-451-3447 or Equity Bank Limited Account No. 061-0262187946 Branch: Ongata Rongai or any of their branches. Or BANKERS CHEQUE drawn in favor of Multimedia University of Kenya.

NB: The Name of the applicant MUST be captured on Bank Pay in Slip and Payment Receipt.

SECTION A: APPLICANTS PERSONAL DETAILS

1.	Name:	. (Surname)	(Oth	er Names)
2.	Date of Birth:	Gender:	Marital Status:	Religion:
3.	Postal Address:		. Postal Code:	Town:
4.	Nationality:		. County:	
5.	Phone No.	E	Email Address:	
6.	ID/Passport No			
7	Next of Kin	Polationship		Mobile No

8.	Do you have any form of disability	disability? YE	s/no	If yes, Indicate the r	nature of		
SECTION B: COURSE APPLICATION DETAILS							
1.	Name of Certificate/Diploma/Degree course applied for:						
	If you are not Selected for the programme applied for, indicate below, in order of preference, the other programme(s) which you would like to be considered for:						
	a)b)						
	Mode of study (Tick) Full Time: () Evening/Weekend () Commencement Date (Tick) January () May () September () Have you ever been admitted to Multimedia University of Kenya previously: YES () NO () If YES, indicate the previous Registration Number						
Lis	SECTION C: INST AND Th at all institutions attended an	HE QUAL	FICATIONS A	ATTAINED	ANT		
a)\$	econdary School attended	Year		Grade			
		Other re	levant qualifications				
b)Institution Attended		Year		Qualification/Award			
c) State any relevant academic/professional qualifications or experience							
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SECTION D: APPLICANTS DECLARATION

I certify that the information given in this application is correct to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Аp	Applicant's full names:	ID/Pa	assport No:				
А р	Applicant's Signature						
	SECTION E: FOR OFFICIAL USE ONLY						
1.	. Recommendation by Dean of Facul	·					
	Dean of Faculty /CoD's Signature		Date				
2.	2. Authority to Issue Admission Letter:	Approved ()	Not Approved ()				
	Comments:						
	Registrar Academic Affairs: Signa	ature	Date				