



SCHOOL OF PROFESSIONAL PROGRAMMES COURSE APPLICATION FORM

Complete **all** appropriate sections in **block letters** and return with your **non-refundable application fee, copies and originals** of your certificates and other supporting documents to:

Office of the Registrar, KCA University, P.O. BOX 56808-00200, NAIROBI KENYA.

TEL: 254-020 – 8561045/6177/803/8 FAX: 254-020-8561077 E-mail: registrar@kca.ac.ke Website: www.kca.ac.ke

AFFIX 2
RECENT

PASSPORT

PHOTOS

Applicant's Name(s)

Surname	First	Middle
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Date of Birth: Month / Date / Year _____ / _____ / _____	Female <input type="checkbox"/> Male <input type="checkbox"/> Citizenship:	Religion: Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>
Place of Birth:	Residential District:	Home Location:
National ID No / Passport No:		

Mailing Address/ Contacts

P.O. Box / Postal Code / Town	Mobile No(s). a) b)	Tel No. (office/house)	Email Address
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Next of Kin or Guardian's Details (Contacts in case of emergency)

Name Relationship to applicant.....
 P.O. Box Postal Code Town.....
 Telephone..... Email address.....

Course Name (Tick where appropriate)

- | | | |
|--|---|---|
| <input type="checkbox"/> CPA (Certified Public Accountant)
<input type="checkbox"/> CPS (Certified Public Secretaries)
<input type="checkbox"/> ATC (Accounting Technician Certificate)
<input type="checkbox"/> ABE (Association of Business Executives)
<input type="checkbox"/> ICTT (Info. Comm. Technology Technicians)
<input type="checkbox"/> ACCA (Association of Certified Chartered Accountants) | <input type="checkbox"/> ICDL (International Computer Driving License)
<input type="checkbox"/> CSIA (Certified Securities & Investment Analysts)
<input type="checkbox"/> CICT (Certified Inform. Comm. Technologist)
<input type="checkbox"/> IST (Investment & Securities Technicians)
<input type="checkbox"/> Certified Ethical Hacker | <input type="checkbox"/> Computer Packages
<input type="checkbox"/> German
<input type="checkbox"/> CISCO/CCNA
<input type="checkbox"/> French |
|--|---|---|

Preferred Intake Year:

January July

Mode of Study

Full time Part time Weekend

Campus: Main/Ruaraka

City Centre/Town

Kisumu

Parent Guardian Self Sponsor Employer
 Contact (Tel/Mobile).....

Have you previously registered with KCA?
 Yes No

If yes, give your KCA Reg. Number

Education (please list last secondary school and colleges attended)

Name (School/College)	Period attended		Course/Education	Level attained (e.g. certificate, diploma, degree)	Grade/A ward
	From	To			
Secondary/High School a).					
College/University a).					
b).					

Current Employer Details

Company Name	Position (Title)	Work Experience (Duration)	Address
.....

List any academic honours and awards, non academic achievements such as sporting activities, community involvement and / or work experience over the last 10 years

Academic achievements:	Extra Curricular Activities:
Community Involvement:	Corporate Awards (achievement on exemplary job performance):

Relatives who have attended KCAU (if any)

Name Relationship Mobile No.
 Name Relationship Mobile No.

How did you learn about KCA – Tick one

College Guide Newspaper TV Radio KCAU Website
 Exhibition Parent Relative Friend School Teacher
 KCAU Student KCAU faculty Mailing College/High School Fair KCAU alumnus/alumni
 Other (specify)

Please indicate your sport and club of choice (tick your option/s)

Sport		Clubs	
Athletics <input type="checkbox"/>	Rugby <input type="checkbox"/>	First Aid Club <input type="checkbox"/>	Accounting Students Association <input type="checkbox"/>
Basketball <input type="checkbox"/>	Soccer <input type="checkbox"/>	Forum for IT Students <input type="checkbox"/>	Christian Union (CU) <input type="checkbox"/>
Hockey <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Presidential Award <input type="checkbox"/>	Catholic Association (CU) <input type="checkbox"/>
Tennis <input type="checkbox"/>	<input type="checkbox"/>	Wildlife Club <input type="checkbox"/>	Seventh Day Adventist (SDA) <input type="checkbox"/>
Other (Specify)..... <input type="checkbox"/>		Entrepreneurship Club <input type="checkbox"/>	Peer Councillors Club <input type="checkbox"/>
		Students Initiative Against AIDS and Substance Abuse (SIAASA) <input type="checkbox"/>	
		Other (Specify)..... <input type="checkbox"/>	

• All forms **MUST** be **SIGNED** before returning them to the Admissions Office. **ORIGINALS and COPIES** of the following documents must be attached;

1. National ID /Birth Certificate
2. O’level certificate/Result slip
3. Academic transcripts

• In **addition**, applicants should bring;

4. Two colour passport-size photographs

• Application fees (Kshs **1000**) can be deposited in **one** of the following KCAU bank accounts:

- **010 200 117 1100** **Standard Chartered Bank-Ruaraka,**
- **073 135 217 8** **Barclays Bank – Westlands,**
- **075 176 631 9** **Barclays Bank –Moi Avenue,**
- **107 654 003** **Commercial Bank of Africa – Wabera Street**

• **ORIGINAL DEPOSIT SLIP** must be attached to the application form when forwarding to the admissions office

FOR OFFICIAL USE

Certified & Processed

Officer.....

Sign.....

Date.....

ATTESTATION

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the Admissions Office to obtain any verification deemed necessary to process my application. I further certify that attached are true copies of my official transcripts as requested, and that the copies become the property of the university. I include with this application form the official payment receipt /Bank deposit slip for the application fee and copies of other documents as stated in the application requirements.

Signature.....

Date.....

Thank you for choosing to study with us!