



Affix three of your current passport size photographs

MOI UNIVERSITY
INTERNATIONAL OFFICE

Tel: 254(053) 43001-8
254(053) 43620 Ext. 366
254(053) 43069 Direct Line
Fax: 254(053) 43047 or 254 (053) 43102
Email: ipo@mu.ac.ke
Web page: <http://www.mu.ac.ke>

P.O. Box 3900-30100
Eldoret
KENYA

APPLICATION FORM FOR INTERNATIONAL STUDENTS
(UNDERGRADUATE STUDENTS)

A copy of this form should be completed and returned to International Office at the above address by March of any academic year. (First Semester commences in August and Second Semester in January). School of Medicine semester dates commence in January of each academic year. Non-refundable Application Fee **US \$20.00** East African Community and **US\$ 40.00** Rest of the World.

SECTION A

PERSONAL DATA

1) Applicant's Name:.....
Surname First name Middle name

2) Current Contact (Postal Address):
.....

Telephone:(With Country Code).....

Email:.....

Fax:.....

3) Nationality: Date of Birth: Passport .No.

4) Marital Status.....

5) Gender: Male Female (Tick as appropriate)

6) A person with physical disability please specify.....
.....

EDUCATIONAL BACKGROUND

RECORD OF SECONDARY/HIGH SCHOOL EDUCATION

(Attach Certified Copies of Result Slips/Transcript and Certificates)

School	From	To	Certificates & Grades obtained
.....
.....
.....

COLLEGE/UNIVERSITY EDUCATION

(Attach Certified Copies of Result Slips/Transcripts and Certificates)

College/University	From	To	Certificates and Grades Obtained
.....
.....
.....
.....

WORK/PROFESSIONAL EXPERIENCE (IF ANY)

POSITION	FROM	TO	EMPLOYER
.....
.....
.....
.....

SECTION B

DEGREE/DIPLOMA/CERTIFICATE

1. Programme applying for:
2. Would you rate your English Communication Skills as
 Poor Fair Good Very Good or Excellent
3. Would you like to enroll in an intensive Bridging Course in English offered at Moi University?
.....

4. Financial Sponsorship: How do you plan to finance your education at Moi University?

Self Parent/Guardian Sponsorship Scholarship

Name.....

Address.....

Email.....Tel No.....

Note: If Parent/Guardian, Sponsorship/Scholarship attach a letter of commitment

If none of the above, specify: -.....

5. Two referees: one of which must be the head of your former/current institution should sign in the space below:-

(i) Name:.....

Address:.....

Email

Status.....

Signature:..... Date:.....

(ii) Name:.....

Address:.....

Email.....

Status.....

Signature:..... Date:.....

Signature of Applicant:..... Date:.....

6. In case of an emergency contact:

i) Relationship.....

Email:..... Tel. No.....

ii) Relationship.....

Email:..... Tel. No.....

SECTION C (FOR OFFICIAL USE ONLY)

1) Application Approved Not Approved

2) Reason.....
.....
.....

3) School/Department:.....