



**MOI UNIVERSITY**  
**INTERNATIONAL PROGRAMMES**

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P.O. Box 3900  
Eldoret  
KENYA

**APPLICATION FORM FOR INTERNATIONAL STUDENTS**

A copy of this form should be completed and returned to the Deputy Vice Chancellor (R & E) or International Programmes 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.

**SECTION A**

**PERSONAL DATA**

1. Applicant's Name: .....  
Surname                      First Name                      Middle Name
  
2. Current Contact (Postal Address): .....  
.....  
Email.....  
Fax.....
  
3. Nationality: .....Date of Birth.....ID/PP.No.....
  
4. Gender: Male  Female  **(Tick as appropriate)**

**RECORD OF SECONDARY/HIGH SCHOOL EDUCATION (Attach Copies of Result Slips and Certificates)**

School	From	To	Certificates & Grades Obtained
.....	.....	.....	.....
.....	.....	.....	.....

**COLLEGE/UNIVERSITY EDUCATION (Attach Certified Copies of Result Slips and Certificates)**

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

**WORK/PROFESSIONAL EXPERIENCE**

Position	From	To	Employer
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**SECTION B**

**DEGREE/DIPLOMA/CERTIFICATE**

1. Programme applying for:.....  
 .....
2. Area of Specialization:.....  
 .....  
**(In case of Education/Technology state teaching/specialized subjects)**  
 .....

3. How would you rate your English Communication Skills?

**Poor**     **Good**     **Very Good**     **Excellent**

4. Would you like to enroll in an intensive Bridging Course in English offered at Moi University?  
.....

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

**Self**         **Parent/Guardian**         **Sponsorship**

If none of the above, specify:-

.....  
.....

6. Two referees: One must be the head of your former/current institution who can act as your referee should sign in the space below:-

i)Name.....

Address.....

Signature.....Date.....

ii)Name.....

Address.....

Signature.....Date.....

7. In case of emergency: Contact:

a) Name..... Relationship.....

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

b) Name..... Relationship.....

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

**SECTION C (FOR OFFICIAL USE ONLY)**

1) Application Approved  Not Approved

2) Degree Programme: .....

3) Comment: .....

.....

**SIGNATURE:** .....

**DEAN, SCHOOL OF** ..... **DATE**.....