



GARISSA UNIVERSITY

OFFICE OF THE REGISTRAR
ACADEMIC & STUDENT AFFAIRS

APPLICATION FOR ADMISSION INTO GARISSA UNIVERSITY

INSTRUCTIONS

1. This form shall be completed in block letters and returned to the **Admissions Office at Garissa main campus.**
2. Attach certified copies of the following documents as applicable:
 - a. Birth certificate
 - b. National ID card
 - c. KCPE certificate
 - d. KCSE certificate
 - e. Academic certificates
 - f. Transcripts
 - g. Receipt of application fee payment

Follow-up action.....

3. Pay application as applicable:
 - a. Ksh 500 Certificate/Diploma
 - b. Ksh 1000 Degree
 - c. Ksh 2000 Masters
 - d. Ksh 3000 PhD Programmes
4. Application fee account:

Bank:	KCB
Pay bill:	4028115
Account Number:	Name & ID Number of applicant

SECTION 1: PERSONAL DATA

1. Name on KCSE Certificate.....
 2. Gender: Male Female
 3. Passport/ID No.....
 4. Date of Birth.....
 5. Tel. No..... Address P.O. Box.....
 6. Email.....
 7. Citizenship.....County.....Religion.....
 8. Do you live with any disability?
- If yes, state nature of Disability

World Class University of Technological Processes and Development

0721966418 | P. O. BOX 1801-70100, Garissa, Kenya | University Way Off Kismayu Road | registrar_asa@gau.ac.ke | admissions@gau.ac.ke | gau.ac.ke

SECTION 2: ACADEMIC/PROFESSIONAL PROFILE

9. List the Schools attended (*Attach Certified Copies of Certificates/Result slips*)

PRIMARY / SECONDARY SCHOOL	FROM (YEAR)	TO (YEAR)	CERTIFICATE OBTAINED	GRADE

10. Post-Secondary Education (*Attach Certified Copies of Certificates/Result slips*)

COLLEGE/UNIVERSITY	FROM (YEAR)	TO (YEAR)	AREA OF STUDY	QUALIFICATIONS ATTAINED

11. Work/Professional Experience

JOB TITLE	EMPLOYER	FROM (YEAR)	TO (YEAR)

SECTION 3: PROGRAMME

12. Name the program applied for:

e.g., Certificate in Information Technology, BEd (Arts), BEd Sci, MBA, MEd Curric etc.

13. Subject Combination (BEd applicants only):

- a. Subject 1.....
- b. Subject 2.....

14. Mode of Study: (Tick one)

- a. Full-time
- b. Weekends
- c. Institution Based
- d. ODeL

15. Month to commence your studies: Month..... Year.....

SECTION 4: DECLARATION BY APPLICANT

16. I confirm that the information submitted herein is correct and that any misrepresentation of facts could lead to discontinuation from Garissa University.

Student's signature.....Date.....

SECTION 5: OFFICIAL APPROVALS

17. Departmental Academic Board

Approved: Not Approved

Reason for not approving.....

HoD: Name.....Signature.....Date.....

18. School Board

Approved: Not Approved

Reason for not approving.....

Dean: Name.....Signature.....Date.....

19. University Admissions Committee

Approved: Not Approved

Reason for not approving.....

Chair: Name.....Signature.....Date.....

20. Action to be taken by Admissions Office

Admit Reject

Follow-up action.....

Officer's Name.....

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

Official Stamp