



**D. FURTHER STUDENT'S INFORMATION**

How did you find out about the course you have applied for (tick where applicable)

- 1. Embu Campus brochure/prospectus
- 2. Embu Campus information at reception
- 3. Daily Newspaper (specify name)
- 4. Professional publication Please specify)
- 5. Exhibition/school visits
- 6. Careers day
- 7. Recommended by professional body (specify)
- 8. Students (give name)
- 9. Friends
- 10. Relatives
- 11. Radio - specify
- 12. Embu Campus Employee(give name)
- 13. Business Colleague
- 14. Other please specify .....

E. Have you ever been admitted to Embu College before (yes/No) tick appropriately

Course Admitted \_\_\_\_\_ Admission No \_\_\_\_\_  
Reasons for fresh Admission \_\_\_\_\_

**F. DECLARATION BY THE STUDENT**

- 1. I hereby certify that all information on this form and any materials attached in support thereof are true correct and complete to the best of my knowledge and believe that all the required information has been disclosed.
- 2. I have read and understand the college rules and regulations and hereby agree to abide them at all times.

NAME ..... ID NO.....

Department ..... Semester.....

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

**G. FOR OFFICIAL USE ONLY:**

**Approval by Dean of students**

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

**ISSUING OF ADMISSION NUMBER**

Admission Number: .....

**FURTHER INFORMATION**

Checklist for application

- 1. 2 pass photo size colored
- 2. 2 copies of PI Certificate
- 3. Copy of National ID, Birth certificate or Valid passport
- 4. 2 copies of School leaving certificates
- 5. 2 copies of KCSE certificate
- 6. 2 copies Diploma Certificate specify \_\_\_\_\_
- 7. Others specify.....

Certificates Inspected by Name \_\_\_\_\_ Accepted  Rejected  (Tick)

Sign \_\_\_\_\_

Date \_\_\_\_\_

Completed forms should be returned to:

The REGISTRAR  
EMBU COLLEGE  
P O Box 956-60100  
EMBU

## COURSE REGISTRATION FORM

(To be completed in Duplicate)

### A. STUDENT DETAILS

STUDENT'S NAME .....

ADM/NO .....

DATE OF REGISTRATION.....

CONTACT ADDRESS.....

MOBILE NO .....

EMAIL .....

### B. DEPARTMENT

COURSE APPLIED FOR.....

MODULE OF STUDY: FULL TIME  SCHOOL BASED  WEEKDAY P-T  WEEKEND P-T

ADMISSION DATE: MONTH..... YEAR.....

The Student is registered for the following subjects (with codes)

Subject code	Subject Name
1.....	.....
2.....	.....
3.....	.....
4.....	.....
5.....	.....
6.....	.....
7.....	.....

8.....  
9.....  
10.....

**VERIFICATION (BY HOD)**

**Proceed to:** year..... **Semester**.....

**Retakes Course(s)**.....

Discontinued.....

Name.....

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

**C. FINANCE DEPARTMENT**

Tuition fee Ksh .....

Admission Ksh..... Welfare Ksh: .....

Application for Library Ksh..... Activity Ksh.....

Other (specify) Ksh ..... Total Amount payable Ksh.....

Amount paid Ksh..... Balance Ksh ..... RNO: .....

KTCSA levy (P1 & DTE) Ksh..... University Application form Ksh.....

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

**FINANCIAL CONTROLLER**

I confirm the billing is correct

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

Name of the Official .....

**REGISTRAR**

I confirm the above details are correct and the student has been officially registered for the course this semester.

I confirm that the student is admissible to continue in..... level .....

Registration No .....Date of Registration: Day.....Month.....Year.....

Signature .....

Name of the Official: .....

**NOMINAL ROLL**

Officer's Name:..... Officer signature ..... Date.....

Important notice: To be considered registered student must sign nominal roll.