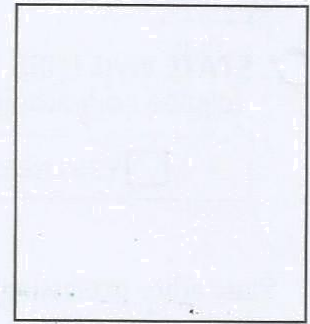




THE EAST AFRICAN UNIVERSITY KITENGELA

Nairobi, Kajiado Namanga Highway, P.O. Box 18583-00100 Nairobi
Tel: 254 771 688318 / 56
Email: info@teau.ac.ke www.teau.ac.ke



APPLICATION FORM

1. APPLICANTS DETAILS **PLEASE WRITE IN CAPITAL LETTERS.** **APPLICATION NUMBER**

SURNAME				FIRST NAME				OTHER NAMES	
TITLE	DR <input type="checkbox"/>	MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MS <input type="checkbox"/>	GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>		

DATE OF BIRTH		NATIONALITY		NATIONAL ID/PASSPORT NO.	
Country		Country		NEAREST TOWN	

2. EDUCATIONAL PLANS

1. PROGRAMME APPLIED FOR	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Masters	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Diploma	<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Certificate
2. COURSE APPLIED FOR						
3. MODE OF STUDY (<i>tick</i>)	<input type="checkbox"/> Regular	<input type="checkbox"/> School Based	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	
4. PREFERRED SEMESTER	<input type="checkbox"/> January/April	<input type="checkbox"/> May/August	<input type="checkbox"/> September/December	<input type="checkbox"/>		

3. PERMANENT ADDRESS

C/O			
P.O. BOX			
TELEPHONE	TOWN		
EMAIL	CELLPHONE		

4. EDUCATIONAL BACKGROUND:

SCHOOLS AND COLLEGES ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE AWARDED

5. FINANCING OF STUDY PROGRAMMES.

Please Tick	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENTS/GUARDIAN	<input type="checkbox"/> GOVERNMENT/HELB	<input type="checkbox"/> OTHER SPONSORSHIP
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6. CAMPUS WHERE STUDY WILL BE UNDERTAKEN

☐ MAIN CAMPUS - KITENGELA

7. STATE WHETHER YOU NEED ACCOMMODATION

(please note accommodation where available is on first come first served basis)

☐ YES I NEED

☐ I DON'T NEED

State other professional qualifications or experience

.....
.....

Teaching experience (for Bachelor of Education in-service applicants only).

Name of Institution

Subjects Taught

Duration

.....to.....
.....to.....
.....to.....

Work experience and responsibilities (for masters and mature-entry applicants)

Name of organization

Year

Type of Work

Position

.....

Any other responsibilities (non-work related)

Name of organization

Year

Type of Work

Position

.....

Additional Information

How did you learn about TEAU?

.....

Personal Statement: (use additional paper(s) if necessary)

What career goals do you hope to achieve from your studies in TEAU?

.....
.....
.....

8. ATTESTATION

I hereby certify that the information given 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. False information may lead to dismissal if admitted and subsequent prosecution where necessary.

Signature.....

Date.....

SIGN YOUR APPLICATION FORM BEFORE RETURNING IT TO T.E.A.U

CHECKLIST

1. Non-refundable application fee (Kshs. 1,000/= . No cash payment, a deposit slip indicating the amount to be presented to the admissions office)
2. Dully filled application form.
3. Copies of all transcripts, Diplomas and certificates.
4. One recent passport size photo.
5. Copy of I.D/Passpport.

All payments to be made to: **The East African University- Co-operative Bank, Kitengela Branch**

A/C NO: 1129285860000

A/C NO: 1129285860001

Equity Bank KNUT House Branch

A/C NO: 0350296695686

Paybill Number: 174507

Account: Name/Admission No.

For more information visit us at our campus or info@teau.ac.ke or www.teau.ac.ke

Signed:.....

Date:.....

Name:.....

Application NO:.....

For official use only

Admitted or Not Admitted.....

Admission No.....