

JOOUST/AA/R/ADM-APPL/01

 Serial No………………………..

**JARAMOGI OGINGA ODINGA UNIVERSITY**

**OF SCIENCE AND TECHNOLOGY**

**OFFICE OF THE REGISTRAR – ACADEMIC AFFAIRS**

**AFFIX PASSPORT SIZE PHOTO**

 Tel: 057 – 2501804

 P.O. Box 210 – 40601

 www.bondo-uni.ac.ke BONDO

 email: racademic@jooust-uni.ac.ke

 Application No. \_\_\_\_\_

**SHORT COURSES**

**NOTE:**

(i) That the completed form should be submitted to the office of DVC RIO, JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY, P.O. BOX 210 – 40601 BONDO.

 (ii) That information will be sent only to successful candidates.

**1. PERSONAL DETAILS**

 Surname/Family name: Other names in full:

 Date of birth: (Day/Month/Year) , ,

 Gender: Male Female

 Marital Status: Married Single

 Nationality:

 Address for correspondence

 Telephone

**2. CHOICE OF COURSE – (tick as appropriate)**

Course Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 KASNEB Courses

1. Certificate in Accountancy Management Skills CAMS)
2. Accounting Technician Diploma (ATD)
3. Certified Public Accountant (CPA)
4. Company Secretaries (CS)

**3**. **MODE OF STUDY – (tick as appropriate)**

 Part Time

 Full Time

 Weekend intensive

4. **PLACE OF STUDY -** **(tick as appropriate)**

Main Campus-Bondo

 Kisumu Campus

 Kisii learning

**5. ACADEMIC BACKGROUND**

**(i) KENYA CERTIFICATE OF SECONDARY EDUCATION KCSE/KCE/EACE or equivalent examination passed. Candidate offering alternative qualifications must attach copy(ies) of certificate(s).**

 Date of admission

I declare that all statements on this application form and any material filled in support here of are true, correct and complete and all required information has been disclosed. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that this withdrawal may take place at any stage during the course of study.

 Signature of applicant: Date:

 Sponsor

 Self Organization