



## GARISSA UNIVERSITY COLLEGE

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P.O. Box 1801  
 Garissa  
 Kenya

### APPLICATION FOR ADMISSION

Complete both sides of this application and send it to: Admissions office, P.O.Box 1801, Garissa, Kenya, with a non-refundable applicat2

ion fee of Ksh 1000 (banker's cheque made to GUC) paid to any Equity branch in Kenya, Account name; Garissa University College and Account number 0 5 8 0 2 6 1 3 5 8 4 0 6.

### SECTION 1: PERSONAL DATA

Surname.....Other names.....

Passport/ID No.....Date of Birth.....

Permanent Address.....Tel. No.....Email.....

Gender: Male .....Female.....Marital Status.....Do you have any disability?.....If Yes state nature of disability.....

Citizenship/country.....county.....Religious Affiliation.....

### SECTION 2: ACADEMIC PROFILE

List all High/Secondary schools attended (*Attach Certified copies of Result slips & certificates*)

School	From (Year)	TO (Year)	Certificate Obtained	Grade

Post-Secondary Education (*Attach Certified copies of Result slips & certificates*)

Institution/ Poly/University	From (Year)	TO (Year)	Area of study	Qualifications attained

Work/Professional Experience

Job Title	Employer	From (Year)	To

**SECTION 3: PROGRAMME** e.g. B. Ed (Arts) – Maths/Business Studies, Certificate course in Counseling Psychology

1<sup>st</sup> Choice .....2<sup>nd</sup> Choice ..... 3<sup>rd</sup> Choice.....

When would you like to commence your studies: Month..... Year.....

#### SECTION 4: VERIFICATION

By signing this application you confirm that the information is correct and that any misrepresentation of facts on the application could be cause for the expulsion or suspension from the university if discovered after enrolment.

Student's signature-----Date-----

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#### FOR OFFICIAL USE ONLY

Recommendation of Departmental Academic Board:

Recommended: Programme.....

No. of Years: [1] [2] [3] [4] [Other.....]

Not recommended: Reason.....

Referred to.....

Head of Department's signature-----Date-----

Endorsed by Dean of Faculty:.....

Dean's signature-----Date-----

Admissions Committee decision:

Approved: Programme.....

No. of Years: [1]      [2]      [3]      [4]      [Other.....]

Not approved: Reason.....

Chairman's signature-----Date-----

Action by Registrar.....Signature.....Date.....