



# MURANG'A UNIVERSITY OF TECHNOLOGY

P.O BOX 75-10200 MURANG'A, KENYA TELEPHONE: 0705 939 269

OFFICE OF THE REGISTRAR (ACADEMIC, RESEARCH, INNOVATION AND EXTENSION)

Email: admissions@mut.ac.ke

## STUDENT APPLICATION FORM

### a) PERSONAL DETAILS

Surname ..... Title (Mr./Mrs./Ms.) .....

Other Names ..... Gender (M/F).....

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

Email ..... Nationality .....

Telephone ..... Mobile ..... Fax .....

Contact Address ..... Postal Code .....

Permanent Address ..... Postal Code .....

**Next of Kin/Guardian** .....

Telephone ..... Mobile ..... Fax .....

b) Course applied for \_\_\_\_\_

c) Mode of study (Full time/Evening/Weekend) \_\_\_\_\_

d) Campus (Main) \_\_\_\_\_

e) How did you learn about Murang'a University of Technology? University Staff/Student

Adverts  Exhibitions/Shows  Website  Others kindly state:

f) If staff or student indicate Names and Personal File. No. or Registration No.

Name \_\_\_\_\_ Pf/Reg. No \_\_\_\_\_

*(Terms and conditions apply)*

**g) Educational Qualification**

SECONDARY SCHOOL/TRAINING INSTITUTIONS ATTENDED	PERIOD OF STUDY		CERTIFICATES ATTAINED
	FROM (YEAR)	TO (YEAR)	

**SPONSORSHIP**

Sponsor (Self, Parent, Organization) .....  
 Address of sponsor ..... Telephone .....  
 Email .....

**TERMS AND CONDITIONS**

1. All fees must be cleared within the semester as per the policy.
2. An incentive of Ksh. 1000 shall be paid to a student who clears all the semester fees upfront.
3. Any cancellation of admission will attract a 20% penalty of paid fees.
4. A non-refundable fee will be charged upon submission of the application form; Certificate Courses Ksh. 500/=, Diploma Ksh. 1,000/=, Undergraduate Degree Courses Ksh. 1,500/= and Post Graduate Degree Courses Ksh. 2,000/= payable to KCB Murang'a Branch Account Number 1107198356 (Online application will only be processed after payment of the application fee)

**DECLARATION**

I ..... declare that the information given in this application form is correct. I further certify that I have read, understood and agreed to comply with the terms stipulated herein.  
 Sign ..... Date .....

**FOR OFFICIAL USE ONLY**

Serial No.	Receipt No.	Sponsor	Date Received	Qualified	Selected

Sign ..... Date .....  
 (Head of Department)

**REQUIREMENTS FOR NEW APPLICANTS (TO BE RETURNED WITH THE APPLICATION FORM)**

- Copy of National ID Card
- Copy of Birth Certificate
- Copy of School Leaving Certificate
- Copy of Results Slip or Certificate
- Original Payment Receipt (application fee)