



umma
university
Fostering knowledge and Innovation

Office of the Academic Registrar,
P. O. Box 713 - 01100, Kajiado, Kenya
Tel: +254 703 969000, +254 739 969020
Email: registrar@umma.ac.ke
Website: www.umma.ac.ke

APPLICATION FOR ADMISSION

INSTRUCTIONS

Read all the sections carefully before filling in any information

1. Complete all the sections appropriately in capital/block letters
2. Attach bank deposit of a non refundable application fee of Kshs. 1,000 (Masters), Kshs. 1,000 (Degree), Kshs. 500 for Diploma and Certificate.
3. Attach a copy of National ID or VALID Passport, Certified copies of academic/professional certificates
4. Two recent passport size photographs (with your name on reverse side)

APPLICATION No:	
RECEIPT No:	

ADDITIONAL REQUIREMENTS FOR INTERNATIONAL STUDENTS

5. An official translation of academic records (where formal study language is not English)
6. A current financing guarantee letter
7. A student Pass.

SECTION A: APPLICANTS DETAILS

FULL NAMES (As per ID/Passport)

TITLE: MR [] MRS [] MS [] GENDER MALE [] FEMALE [] MARITAL STATUS:

DATE OF BIRTH [dd][mm][yyyy] NATIONALITY: ID/PASSPORT No:

COUNTY: TOWN:

PERMANENT ADDRESS

NEXT OF KIN

NAME		NAME	
P. O. BOX		MOBILE	
MOBILE		ADDRESS	
EMAIL		TOWN	EMAIL:

CURRENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

P. O. BOX		TOWN	
CODE		MOBILE	

FINANCIAL INFORMATION

HOW DO YOU EXPECT TO FINANCE FOR YOUR STUDIES? SELF [] PARENTS/GUARDIAN [] HELB [] OTHER SPONSORSHIP []

SECTION B: EDUCATIONAL BACKGROUND

INSTITUTIONS ATTENDED	FROM (YEAR)	TO (YEAR)	CERTIFICATE OBTAINED	GRADE

SECTION D: ACADEMIC PROGRAMME				
PROGRAMME APPLIED FOR	MASTERS []	BACHELORS []	DIPLOMA []	CERTIFICATE []
INDICATE PROGRAMME YOU WISH TO UNDERTAKE				
MODE OF STUDY	FULL TIME []	PART TIME []	EVENING []	
PREFERED INTAKE	JANUARY []	MAY []	SEPTEMBER []	
PREFERRED CAMPUS	THIKA []	KAJIADO []	NAIROBI []	
MEDIUM OF INSTRUCTION (MA ISLAMIC STUDIES ONLY)		ENGLISH []	ARABIC []	
WOULD YOU REQUIRE ACCOMODATION SERVICES?		YES []	NO []	

N.B: Accommodation is on first come first serve basis.

SECTION E: ADDITIONAL INFORMATION		
HOW DID YOU LEARN ABOUT UMMA UNIVERSITY? (please tick all that apply)		
<input type="checkbox"/> University website	<input type="checkbox"/> University prospectus	<input type="checkbox"/> Former/Current Student
<input type="checkbox"/> Career Teacher	<input type="checkbox"/> Exhibition & Fairs	<input type="checkbox"/> Television/Radio
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Others (please specify)		

SECTION F: DECLARATION	
By signing this application form, I declare that the information provided is true and correct to the best of my knowledge. I understand that any misrepresentation of the facts in this application form could cause my expulsion from the University if discovered after enrollment.	
Signature:	Date:

SECTION J: PAYMENT MODE
Fees payable: - UMMA UNIVERSITY, A/C NO: - 1198158433, KENYA COMMERCIAL BANK, THIKA BRANCH. UMMA UNIVERSITY, A/C NO: - 7157980019, COMMERCIAL BANK OF AFRICA, UPPERHILL BRANCH, NAIROBI. UMMA UNIVERSITY, A/C NO: - 1198158344, KENYA COMMERCIAL BANK, KAJIADO BRANCH NB: No payments through Mtaani Agents, Personal Cheque or EFT (Electronic Funds Transfer)

FOR OFFICIAL USE ONLY:	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
REASON FOR REJECTION:	
DATE:.....	
ACADEMIC REGISTRAR:.....	SIGNATURE:.....



OFFICE OF THE REGISTRAR, ACADEMIC AND STUDENT AFFAIRS

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PERSONAL DETAILS FORM

SECTION A - Student's Personal Details

Applicant's Name.....

(Surname)

(Other Names)

Campus (i.e Kajiado (Main Campus) /Thika/

Mode of Learning (eg Full Time/Evening /Day.....

Postal AddressPostal Code.....Town/City.....Country.....

Telephone.....Fax.....

(Either primary Mobile Number or Primary Email address MUST be filled

Mobile No (Primary)..... Mobile No (Alternative).....

Email (Primary)Email (Alternative).....

SECTION B- Student's Declaration.

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to a disciplinary action.

Student's Full name.....ID/Passport.....

Date.....Student's Signature.....

SECTION C- FOR OFFICIAL USE

Student MUST produce original National ID Card for form to be accepted.

Date Received and official Stamp

Admission's Officer's Name

.....

.....

SIGNATURE

DATE





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ACCEPTANCE FORM

SECTION A (To be completed in duplicate by the one ACCEPTING the offer)

Dear Sir,

Applicant's Name.....

(Surname)

(Other Names)

Application Ref. No.....

With reference to your letter offering me a place in the Faculty/Institute of

For a course leading to.....

Under the Umma University Government Sponsored Programme, this is to confirm that I DO ACCEPT the offer, and undertake to pay the fees and abide by the rules and regulations governing the organization, conduct and discipline of the students of Umma University.

FULL NAME.....

ID NO/PASSPORT NO.....

UNIVERSITY REGISTRATION NO.....

.....
SIGNATURE





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DECLARATION BY THE STUDENT

I

ID/NO

do hereby declare that I have read the Rules and Regulations Governing the Conduct and Discipline of Students at Umma University and understood their contents and meaning and undertake to abide by them.

SIGNED

DATE

REGISTRATION

NO.

SCHOOL ADMITTED TO

UU/ACA/MF/FORM 8
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MEDICAL EXAMINATION FORM

PERSONAL HISTORY

Surname:..... Other names:..... Reg.
No..... Date of birth:..... Place of birth..... Next of
kin:..... Relationship:.....
Address:..... Tel. No:.....

1. SOCIAL HISTORY (Please indicate 'x' where appropriate)

Alcohol: YES.....NO..... HOW OFTEN (if yes)
.....
Tobacco: YES..... NO..... HOW OFTEN (if yes) Regular
doctor's medication: YES.....NO..... Which one..... History of mental
illness: NO.....YES.....Give details
Below.....
..... Have you
been suspended from school? NO..... YES.....give
details.....
..... Do you
suffer from any chronic illness? NO.....YES..... if yes, which one:
() Diabetes, () Hypertension, () Tuberculosis, () Hepatitis, () sickle cell disease, () leukemia
Have you had any of these symptoms for more than one week?
() fever, () Cold Chills, () Weight Loss, () Diarrhoea, () Vomiting.

Do you have any known food or drug allergy? If Yes,
specify.....

Others:.....
.....
.....



2 FAMILY HISTORY

Do any of your relatives suffer from?

() High blood pressure () Diabetes, () Heart Disease, () Allergies, () Mental illnesses, () Epilepsy, other, please specify.....

3 GENERAL EXAMINATIONS (To be examined in a government hospital)

General appearance: Weight:.....

HeightRespiratory System: inspiration.....

Expiration.....

Cardiovascular System: pulse/mm B/P. Heart sounds..... Genito

Urinary.....

Ears/Nose/throat.....

Skin.....Sight..... Sight

retraction R/E L/E..... **4**

LABORATORY EXAMINATION (Please attach lab, Reports)

Heamogram E.S.R V.D.R.I. Blood group

Chest X-ray P/A (let your doctor decide if it's necessary) attach only radiologist report. Urinalysis (PT for females)..... Mantoux test (PPC).....

5 FOR DOCTORS USE ONLY (Official stamp should be included)

Doctor's Name..... Signature.....

Qualification..... Date.....

6 PERSONAL DECLARATION

I hereby consent to offer this information to any medical authority as deemed necessary to effect quick treatment.

Student's

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

