

University of Eastern Africa, Baraton

Integrity Excellence Commitment **Teamwork Professionalism**

A Chartered Seventh-day Adventist Institution of Higher Learning

APPLICATION FORM

Admissions Office

Phone: +254 731 793934 +254 721 423592

P.O. Box 2500 - 30100, Eldoret	Email: admissions@ueab.ac.ke Website: www.ueab.ac.ke	RECENT PASSPORT SIZE
Last name(surname)	_ First name	PHOTO
Middle name	Other Names	_
Present mailing address	Tel:	Email:
Permanent mailing address	Tel:	
Marital status: ☐Single ☐Married Sex: ☐I	Male Female Birth Date: Day/Month/Ye	ear/
Nationality		
Country of Residence	Passport/ID No	
Your first language		
Religious Affiliation	Date of Baptism: Day/Month/Yea	r/
Name and address of Church where you are a member		
Semester for which you are applying: (Note: The 1st Semester begins Course/major field of study for which you are applying	in August, 2nd Semester in January , Inter-Sei	mester in May)
Degree desired: ☐BA ☐BSc ☐BBA	□BT □BEd □BBIT □BMMEd	☐ Diploma ☐ Certificate
What campus will you be attending?		
Where do you plan to live while attending UEAB (Main 0	Campus)? Campus Residence Halls O	ff Campus Faculty/Staff Home
(Note: Any student who does not reside with parents	or spouse is expected to live in one of the campu	us residence halls.)
How did you find out about UEAB?		
Educational Background. List institutions of learning at Name of School	tended at each level including Primary school: Level ——————————————————————————————————	Dates of Attendance
Have you ever attended the University of Eastern Africa,		tes
Have you ever been expelled/dismissed or refused admi		Yes
Have you been convicted of any crime? Yes No	If yes please explain	
Work experience: If you have held a job, give details ab	out employment (use additional sheet if necessar	ry).
Name and address of employer(s)		
Position held/type of work done		
Dates of employment		

Personal Health Information:	Good Fair Poor	
Do you have any physical handicap(s)?	Yes. If Yes, please explain	
	Icohol? Yes No Use addictive drugs? Yes No	
Have you ever smoked? Yes No Have	ve you ever drunk alcohol? Yes No Have you ever used addictive drugs? Yes No	
Family Information:		
Father's name	Mother's name	
Address	Address	
Telephone	Telephone	
E-mail	E-mail	
Nationality	Nationality	
Father's Occupation	Mother's Occupation	
Religious Affiliation	Religious Affiliation	
Name of legal guardian if not parent(s)		
Address of legal Guardian(s)		
E-mail of legal Guardian(s)	Tel:	
Are either of your parents employed by the SDA	A Church? No Yes If Yes, give name and address of employer	
Statement of financial responsibility: Name and address of person responsible for particle.	yment of school fees	
	the payment of the total school fees of the applicant and to make this payment at the the financial policies of the University of Eastern Africa, Baraton.	
Signature of Parent/Guardian/Sponsor		
Do you have an unpaid school account?	Yes. If Yes, how much?	
Where?		
	best of my knowledge, the above information is complete and true. I promise that if accepted I ty of Eastern Africa, Baraton and respect the principles of the institution as they are set forth in communicated by the University.	
Signature of Applicant		
Document Required for Admission Document Required for Admission Filled Application Form Certificate/Results Slip Copy School Leaving Certificate Copy Birth Certificate Copy National ID Copy (If applicable)	Application Fees Payment •Mpesa Paybill: 303014 •Account Number: Application Fee Amount: •1000 Ksh For Diploma / Certificate •1500 Ksh for Undergraduate programs •2500 Ksh for PGDA, Masters & PhD	