

University of Eastern Africa, Baraton

Integrity Excellence Commitment **Teamwork Professionalism**

A Chartered Seventh-day Adventist Institution of Higher Learning

APPLICATION FORM

Mail To:

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
Last name(surname)	First name	SIZE PHOTO
Middle name	Other Names	
Present mailing address	Tel:	Email:
Permanent mailing address	Tel:	
Marital status: Single Married Sex:	Male Female Birth Date: Day/Month/Ye	ar/
Nationality	Citizenship	
Country of Residence	Passport/ID No	
Your first language	Other languages spoken	
Religious Affiliation	Date of Baptism: Day/Month/Year	·/
Name and address of Church where you are a member	r	
	Year _	
Course/major field of study for which you are applying		
	BT BEd BBIT BMMEd	Diploma Certificate
What campus will you be attending?		_
Where do you plan to live while attending UEAB (Mair	n Campus)? Campus Residence Halls Of	f Campus Faculty/Staff Home
(Note: Any student who does not reside with parent	s or spouse is expected to live in one of the campu	s residence halls.)
How did you find out about UEAB?		
Educational Background. List institutions of learning a	attended at each level including Primary school:	
Name of School	Level	Dates of Attendance
Have you ever attended the University of Eastern Afric	a, Baraton before? No Yes. If yes give dat	es
Have you ever been expelled/dismissed or refused adr		
Have you been convicted of any crime? Yes N	o If yes please explain	
Work experience: If you have held a job, give details a	about employment (use additional sheet if necessar	y).
Name and address of employer(s)		
Position held/type of work done		
Dates of employment		

Personal Health Information:	Fair Poor
Do you have any physical handicap(s)? No Yes. If Yes, ple	ase explain
Do you smoke? Yes No Drink alcohol? Yes	No Use addictive drugs? Yes No
Have you ever smoked? Yes No Have you ever drunk alo	ohol? 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)	
	be a student at the University of Eastern Africa, Baraton. I am ready to s by the rules and principles of the university and accepts the authority of
Signature of Parent/Guardian	
Statement of financial responsibility: Name and address of person responsible for payment of school fees	
I, the above named, agree to be responsible for the payment of the beginning of each semester. I agree to abide by the financial policie	
Signature of Parent/Guardian/Sponsor	Date /
Do you have an unpaid school account? No Yes. If Yes, ho	w much?
Where?	
	e, the above information is complete and true. I promise that if accepted I Baraton and respect the principles of the institution as they are set forth in the University.