

## 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/Yea	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				
	YearYearYear				
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 (Main	n Campus)? Campus Residence Halls Off	Faculty/Staff Home			
(Note: Any student who does not reside with parents	s or spouse is expected to live in one of the campus	s residence halls.)			
How did you find out about UEAB?					
<b>Educational Background.</b> 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	— ———————————————————————————————————	 2S			
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 necessary	y).			
Name and address of employer(s)					
Position held/type of work done					
Dates of employment					

Personal Health Information: Excellent	Good Fair	Poor		
Do you have any physical handicap(s)? No	Yes. If Yes, please ex	ఁplain		
Do you smoke? ☐ Yes ☐ No Drink alo	lcohol?   Yes   No	Use addictive drugs?		
		<b>_</b>	u ever used addictive drugs? Yes No	
Family Information:				
Father's name	Mot!	her's name		
Address				
Telephone				
E-mail				
Nationality				
Father's Occupation		Mother's Occupation		
Religious Affiliation				
Name of legal guardian if not parent(s)				
Address of legal Guardian(s)				
E-mail of legal Guardian(s)				
Are either of your parents employed by the SDA				
support the university in its effort to ensure that its administration.  Signature of Parent/Guardian			he university and accepts the authority of	
Statement of financial responsibility: Name and address of person responsible for pay	yment of school fees			
I, the above named, agree to be responsible for beginning of each semester. I agree to abide by				
Signature of Parent/Guardian/Sponsor		C	Date/	
Do you have an unpaid school account? No				
Where?	<del></del>			
<b>Applicant's commitment:</b> I certify that to the bewill cooperate in following the rules of Universit the STUDENT HANDBOOK and any other that is a	pest of my knowledge, the a ty of Eastern Africa, Barato	above information is compl on and respect the principle	lete and true. I promise that if accepted I	
Signature of Applicant			Date/	
• Filled Application Form • Certificate/Results Slip Copy • School Leaving Certificate Copy	Application Fees Pa •Mpesa Paybill: 3030 •Account Name: AF Amount:	014	PLEASE SCAN THE DOCUMENTS AND SEND	

## D

- Birth Certificate Copy
- National ID Copy (If applicable)
- •1000 Ksh For Diploma / Certificate
- •1500 Ksh for Undergraduate programs
- •2500 Ksh for PGDE, Masters & PhD

TO:admissions@ueab.ac.ke