



# University of Eastern Africa, Baraton

A Chartered Seventh-day Adventist Institution of Higher Learning

Integrity  
Excellence  
Commitment  
Teamwork  
Professionalism

## APPLICATION FORM

Phone: +254 748267793/+254 731793934 Email: [admissions@ueab.ac.ke](mailto:admissions@ueab.ac.ke) Website: [www.ueab.ac.ke](http://www.ueab.ac.ke) PO BOX 2500-30100

### Required Documents for Admission to be send to [admissions@ueab.ac.ke](mailto:admissions@ueab.ac.ke)

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|--------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| * Filled Application Form & passport size photo              | * Copy of School Leaving Certificate                      | Recent<br>passport<br>size<br>photo |
| * Copy KCSE Certificate/Results Slip                         | * Copy of the National ID Copy (If applicable)            |                                     |
| * Copy of Certificate/Diploma/undergraduate (for up-graders) | * Transaction message/payment receipt for application fee |                                     |
| * Copy of Birth Certificate                                  |                                                           |                                     |

First Name: \_\_\_\_\_ Second Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

(Note: **Order of names as they appear on your KCSE or High School Certificate**)

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: Male ☐ Female ☐

Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: Single ☐ Married ☐ Nationality: \_\_\_\_\_

County: \_\_\_\_\_ Location: \_\_\_\_\_ Sub-location: \_\_\_\_\_

Village: \_\_\_\_\_ Passport/National ID: \_\_\_\_\_

Language of instruction at secondary level or High school: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

Other language (s): \_\_\_\_\_ Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

State the name of the church you attend: \_\_\_\_\_

Semester for which you are applying: 1st Semester (August) ☐ 2nd Semester (January) ☐ Inter-semester (May) ☐ Year: \_\_\_\_\_

Level of Desired program: PGDE ☐ Undergraduate ☐ Diploma ☐ Certificate ☐

Specific area of study: \_\_\_\_\_ Teaching Subjects: 1 \_\_\_\_\_ 2 \_\_\_\_\_

(NOTE: **If your area of study is Education, write the two teaching subjects of your choice**)

Mode of Study: Full time (Face to face) ☐ In-service ☐ Blended ☐

(Note: **Currently, ONLY those taking undergraduate degree in Theology may select blended**)

While at UEAB, where do you plan to stay? University hostel ☐ Faculty/Staff home ☐ Off campus ☐

How did you find out about UEAB? Through: ☐ UEAB Student/Worker (Name) \_\_\_\_\_

Career Exhibition ☐ Family Member ☐ Social Media (Face-book, instagram...) ☐ Online ☐

Search (google) ☐ Television ☐ Newspaper ☐ KUCCPS Placement ☐

☐ Other \_\_\_\_\_

### Recognition of Prior Learning (RPL):

Have you completed any professional certifications, vocational qualifications, short courses, or specialized training programs that are not reflected in your academic transcripts and that you believe demonstrate university-level knowledge or skills relevant to your desired program of study, and that you wish to be considered as an entry requirement?

Yes ☐ No ☐ If yes, give more information as follows \_\_\_\_\_ Mode of Study: Online ☐ Face to Face ☐ Blended ☐

How were you evaluated? Written exams ☐ Projects ☐ Practicals ☐ Assignments ☐

Certificate (s) or Evidence of Completion: Yes, I have a certificate or transcript ☐ No, but I can provide other evidence ☐

No documentation available ☐ Have you ever been employed? Yes ☐ No ☐

If yes, name the employer(s) You can use extra paper \_\_\_\_\_

Do you have any special need? Yes ☐ No ☐ If yes, tick the need ☐ Mental ☐ Physical ☐ Hearing ☐ Sight ☐ Sensory ☐ Other \_\_\_\_\_

Personal Health Information: Good ☐ Fair ☐ Poor ☐

### Family Information:

Father's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

Psalm 32:8-9 "The LORD says, "I will guide you along the best pathway for your life. I will advise you and watch over you. Do not be like a senseless horse or mule that needs a bit and bridle to keep it under control." (NLT)

Mother's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Email: \_\_\_\_\_  
Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

Legal Guardian/Sponsor's Name (If not not parents): Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Is either of your parents employed by the Seventy-day Adventist Church? ☐ Yes ☐ No

If yes, name the employer \_\_\_\_\_

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**Statement of Consent:**

☐ Parent ☐ Guardian ☐ Sponsor

☐ I consent to the applicant's enrollment at the University of Eastern Africa, Baraton, and affirm my support for the university.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Statement of Financial Responsibility by:** ☐ Parent ☐ Guardian ☐ Sponsor ☐ Other \_\_\_\_\_

☐ I fully accept responsibility for the payment of the applicant's complete tuition and related fees at the university of Eastern Africa, Baraton. I hereby undertake to ensure that all payments are made in accordance with the University's official time-lines and prescribed procedures.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant's Commitment:**

☐ I hereby affirm that the information provided in this application is accurate, complete and truthful to the best of my knowledge. Upon admission to the University of Eastern Africa, Baraton, I solemnly commit to upholding its regulations, standards and expectations with integrity in both academic and spiritual life. I will adhere to the university's principles outlined in the Student Handbook and Official Communications, conducting myself in a manner consistent with the university's Seventh-day Adventist heritage. I declare myself to the growth of wisdom, character, and service through a Christ-centered education, guided by the words of *Colosians 3:23 (KJV): "And whatsoever ye do, do it heartily, as to the Lord, not unto men."*

☐ By submitting this application for admission to the University of Eastern Africa, Baraton (UEAB), I hereby acknowledge and consent to the collection, processing, storage, and sharing of my personal data by the University in accordance with the Kenya Data Protection Act, 2019; and Data Protection Policy of the University of Eastern Africa Baraton

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**If the applicant is a Minor:**

☐ Parent ☐ Guardian ☐ Sponsor ☐ Other \_\_\_\_\_

☐ I hereby give consent for the collection, processing, storage, and sharing of the personal data of the minor named above by the University, authorized government agencies and regulatory bodies, in full compliance with the provisions of the **Kenya Data Protection Act (2019)**, the **Office of the Data Protection Commissioner's Guidance Note on Processing Children's Data (2025)** and **Data Protection Policy of the University of Eastern Africa Baraton**

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Application Fee (Non refundable)**

**Amount in Kenya Shillings:**    ● 2500 for PGDE    ● 1500 for Undergraduate    ● 1000 for Diploma/Certificate

**Pay through:** Mpesa paybill number: **4077813**  
Account number: **APPLICATION FEE**

**OR**

USD Account name: **University of Eastern Africa, Baraton**  
Bank Name: **Kenya Commercial Bank**  
Branch: **Kapsabet**  
Account number: **1102100692**  
Swift Code (Routing Number): **KCBLKENX**