



**APPLICATION FORM FOR  
BACHELOR OF SCIENCE IN COMMUNITY HEALTH  
KENYA METHODIST UNIVERSITY**

Main Campus, Meru: P.O. Box 267, Meru, 60200 • Tel. 254-064-30301

Nairobi Centre, View Park Towers: P.O. Box 45240-00100, GPO, Nairobi • Tel. 254-020-248172

**AMREF INTERNATIONAL TRAINING PROGRAMME**

Langata Road, AMREF P.O Box 27691-00506 Nairobi, Tel +254 20 699 3000

**APPLICATION FOR ADMISSION**

- 1. Read each item carefully before filling in any information**
- 2. Complete all appropriate sections in capital/block letters**
- 3. Return with a non-refundable application fee of Kshs.1,000 for Kenyan Citizens or 20 US Dollars for Non-Kenyan Citizens**
- 4. Supply 6 passport size photographs**
- 5. Attach a copy of National ID/Passport, certified copies of academic/professional certificates**

Application No.	
Receipt No.	

**SECTION A: PERSONAL DATA**

<b>1. Surname</b>	<b>Middle Name:</b>	<b>First Name:</b>
<b>2. Permanent Address</b>		
<b>P.O. BOX</b>	<b>Code:</b>	<b>City/Town</b>
<b>Phone:</b>	<b>Mobile:</b>	<b>E-mail:</b>
<b>3. Current Mailing Address (If different from above)</b>		
<b>P.O. BOX</b>	<b>Code:</b>	<b>City/Town:</b>
<b>4. Date of Birth: Month Day Year</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Place of Birth:</b> <b>District:</b> <b>Province:</b>
<b>5. Nationality</b>	<b>Marital Status:</b>	<b>National ID No:</b>
<b>6. Religion:</b>		<b>Denomination:</b>
<b>7. Next of Kin or Guardian (contact in case of emergency)</b>		
<b>Name:</b>		<b>Relationship</b>
<b>Address: P.O BOX</b>	<b>Code:</b>	<b>City/Town:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail:</b>
<b>8. Financial Information</b>		
<b>How do you expect to meet the financial expenses for study while at KEMU? (Self/parent/guardian/sponsor)</b>		

<b>Name (if not self):</b>		<b>Relationship:</b>
<b>Address:</b>	<b>Phone:</b>	<b>Email:</b>

**9. SECTION B: ACADEMIC PROFILE**

List all Secondary Schools/Colleges/Universities attended. Attach copies of all academic qualifications

<b>NAME</b>	<b>FROM</b>	<b>TO</b>	<b>CERTIFICATE</b>

**10. SECTION C: ACADEMIC PROGRAMME APPLIED FOR:**

<b>State the programme that you would wish to be considered for:</b>			
1 <sup>st</sup> Choice	Alternative programmes in which you would wish to be considered		
	2 <sup>nd</sup> Choice		3 <sup>rd</sup> Choice
<b>Specify mode of learning and campus</b>	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	
	<input type="checkbox"/> Nairobi, View Park Towers		<input type="checkbox"/> AMREF International Training Centre

## 11. ADDITIONAL INFORMATION:

<b>How did you learn about Kenya Methodist University (please tick all that apply)?</b>			
<input type="checkbox"/> University website	<input type="checkbox"/> University prospectus	<input type="checkbox"/> AMREF	<input type="checkbox"/> Career teacher
<input type="checkbox"/> Exhibition & recruitment fairs	<input type="checkbox"/> Former/current student	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Television/radio	<input type="checkbox"/> Friends	Any other (please specify)	

Briefly explain why you want to study at KEMU/AMREF and how you believe that the KEMU/AMREF experience will help you accomplish your lifetime \_\_\_\_\_

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## 12. SECTION D: DECLARATION

**By signing this application you confirm that the information is correct and that any misrepresentation of facts on this application could be cause for expulsion or suspension from the University if discovered after enrolment.**

**Students signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 13. SECTION E: SUBMISSION OF APPLICATION FORMS

- All completed application forms directed to the Main Campus and Meru-KCB, be addressed to:
  - The Registrar (Academic), KEMU - Main Campus, P.O. Box 267, Meru 60200. Email: [info@kemu.ac.ke](mailto:info@kemu.ac.ke)
  - All completed application forms directed to AMREF or KEMU Nairobi Campus.
  - The Course Coordinator AMREF Bsc Community Health P.O. Box 27691 - 00506 Nairobi, Kenya Email: [bsc.health@amref.org/dch@amref.org](mailto:bsc.health@amref.org/dch@amref.org)

## FOR OFFICIAL USE

**Recommendation: Teaching Department**

**Programme** \_\_\_\_\_

**Recommended/Not Recommended** \_\_\_\_\_

**Not Recommended: Reason** \_\_\_\_\_

**Chairman: Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Admissions Committee**

**Approved/Not Approved:** \_\_\_\_\_

**Not Approved: Reason** \_\_\_\_\_

**Chairman Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registrar (Academic)**

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_