



GREAT LAKES UNIVERSITY OF KISUMU (GLUK)

P.O. Box 2224-40100, Kisumu
 Website: www.gluk.ac.ke

E-mail: admissions@gluk.ac.ke / academics@gluk.ac.ke
 Mobile No.0736-550-505

Affix 2 recent coloured passports size photos

APPLICATION FOR ADMISSION

Date of receipt of Application

____/____/____ Receipt No. _____ Application No. _____

1. PERSONAL DETAILS:

Surname/Family Name: _____ Other Names: _____

Gender: _____ Nationality: _____ ID/ Passport No. _____ Date of Birth: ____/____/____

County: _____ Telephone: _____ Email: _____

Physical Address (for mail delivery by courier) _____

Permanent Home address (if different address) _____

Financial Information

How do you expect to meet your financial expenses while at GLUK? Self/Parent/Guardian/Sponsor

Name (if not self): _____ Relationship: _____

Address: _____ Phone: _____ E-mail: _____

2. CERTIFICATE/DIPLOMA/DEGREE OF CHOICE:

State two (2) certificate/diploma/degree courses for which you wish to be considered in order of preference:

First Choice: _____ Second Choice: _____

State campus of preference: Main Nairobi. Specify mode of Study: Fulltime/Part-time/Online

Briefly explain the reasons for selecting this programme and how you expect to benefit in your future work

3. ACADEMIC AND PROFESSIONAL QUALIFICATIONS:

List all Schools/Colleges and Universities attended. Start with the most recent

NAME	FROM	TO	GRADE/AWARD

4. EMPLOYMENT HISTORY

List all relevant work experience (Please start with the current/most recent)

POSITION	NAME OF ORGANIZATION	ADDRESS	FROM - TO

5. ACADEMIC REFEREES (Applicable to degree applicants only)

NAME	CONTACTS	CAPACITY IN WHICH HE/SHE KNOWN

6. LANGUAGE PROFICIENCY (Applicable to degree applicants only)

LANGUAGE	VERY GOOD	GOOD	ADEQUATE

7. How did you come to know about Great Lakes University of Kisumu? (Tick as many options as are applicable)

University website Newspaper TV/Radio Internet Brochures Family/Friends University Staff Exhibitions Career Visits/Talks Current Students/Alumni Others (Specify) _____

DECLARATION

I certify that the information given in this application form is correct to the best of my knowledge. I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place or during the course of study and

Signature of Applicant: _____ **Date:** ____/____/____

FOR OFFICIAL USE ONLY

Head of Department: _____ **Signature** _____ **Date:** ____/____/____
Admitted/Not Admitted

Dean of Faculty/School: _____ **Signature** _____ **Date:** ____/____/____
Admitted/Not Admitted

Registrar (AA): _____ **Signature** _____ **Date:** ____/____/____

INSTRUCTIONS:

- i. That the completed form should be submitted to the **REGISTRAR, ACADEMIC AFFAIRS, GLUK**
- ii. That all candidates applying must attach copies of their certificates/transcripts, Identity Card/Waiting Card/Birth Certificate, Proof of payment and School Leaving Certificate.
- iii. Application processing fees of Ksh. 1000 (30USD).
- iv. Where English was not the medium of instructions, please produce a certificate of proficiency in English from a recognized examination board

NOTE: The University reserves the right to request and obtain further information from any educational institution or employer which may be required to confirm or clarify your suitability for the course applied for.