

## GREAT LAKES UNIVERSITY OF KISUMU (GLUK) Address: P.O. Box 2224-40100,Kisumu,Kenya E-mail: admissions@gluk.ac.ke /academics@gluk.ac.ke

Mobile No: +254-736-550-505 Website: www.gluk.ac.ke

## **ADMISSION FORM**

(TO BE FILLED BY KUCCPS STUDENTS ONLY)

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Size photos

Surname/Family Name:	_	Other Names:					
Gender:Nationa	lity:ID/I	Passport	No	Dated	fBirth:	_/	/
County:	Telephone:		Ema	nil:			
Permanent Home addre	ess						
How do you exp Self/Parent/Guardian/S	_	our fir	nancial	expenses	while	at	GLUK?
Name (if not self):	Rela	ationship	):				
Address:		Phone: _		E-mail:	·		
State whether you have If yes, State the need: _ State preferred Hobbies			<u>.</u>			k Yes	S [ ]No[ ] ——
2. EMERGENCY CONT							
NAME	TELEPHONE		OCCUPATION		RELATIONSHIP		IIP
3. ACADEMIC AND PR List all Schools/College	, -	_		the most re	cent		
NAME			T		GRADE/AWARD		RD

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List all relevant work ex	perience (Please	start with the c	urrent/most recent)

List all relevant work e	experience (Please start with t	ne current/most re	ecent)	
POSITION	_	ADDRESS	FROM - TO	
	ORGANIZATION			
5. EDUCATIONAL P Programme Place:	LANS			
Teaching Subjects (W	/here applicable) :			
ACADEMIC REFERE	ES (Applicable to degree ap	nlicants only)		
NAME	CONTACTS	CAPACITY KNOWN	IN WHICH H	E/SHE
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LANGUAGE PROF	FICIENCY (Applicable to deg	ree applicants o	ADEQUATE	
LANGUAGE	VERT GOOD	GOOD	ADEQUATE	
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<ul><li>ii. That all candidates Card/Waiting Card/</li><li>iii. Admission fees of I</li></ul>	ring registration to the <b>REGIS</b> must attach copies of their cer'Birth Certificate, Proof of payn Ksh. 1000 (30USD).	tificates/transcrip	ts, Identity Leaving Certificate.	
iv. Students should be	e registered for classes prior to	the beginning of	any semester	
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