



**SCHOOL OF PROFESSIONAL PROGRAMMES COURSE APPLICATION FORM**

Complete **all** appropriate sections in **block letters** and return with your **non-refundable application fee, copies and originals** of your certificates and other supporting documents to: **Office of the Registrar, KCA University, P. O. BOX 56808-00200, NAIROBI KENYA.** TEL: +254715532187 / +254792793056 / +254710888022 / +254734888022 / 020 8070408/9 /FAX: 254-020-8561077

E-mail: [registrar@kca.ac.ke](mailto:registrar@kca.ac.ke) Website: [www.kca.ac.ke](http://www.kca.ac.ke)

AFFIX 2  
RECENT  
  
PASSPORT  
  
PHOTOS

**Applicant's Name(s)**

<b>Surname</b>	<b>First</b>	<b>Middle</b>

<b>Date of Birth:</b> Month / Date / Year _____ / _____ / _____	Female <input type="checkbox"/> Male <input type="checkbox"/>	<b>Religion:</b> _____
<b>Place of Birth:</b> _____	<b>Citizenship:</b> _____	<b>Marital Status:</b> Single <input type="checkbox"/> Married <input type="checkbox"/>
<b>National ID No / Passport No:</b> _____	<b>Residential District:</b> _____	<b>Home Location:</b> _____

**Mailing Address/ Contacts**

<b>P.O. Box / Postal Code / Town</b> _____ / _____ / _____	<b>Mobile No(s).</b> a) _____ b) _____	<b>Tel No. (office/house)</b> _____	<b>Email Address</b> _____
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**Next of Kin or Guardian's Details (Contacts in case of emergency)**

Name .....	Relationship to applicant.....
P.O. Box .....	Town.....
Postal Code .....	Email address.....
Telephone.....	

**Course Name (Tick where appropriate)**

- |  |  |
|--|--|
| <input type="checkbox"/> CPA (Certified Public Accountant)                     | <input type="checkbox"/> ICDL (International Computer Driving License) |
| <input type="checkbox"/> CPS (Certified Secretaries)                           | <input type="checkbox"/> CISCO /CCNA                                   |
| <input type="checkbox"/> ATC (Accounting Technician Diploma)                   | <input type="checkbox"/> Computer Packages                             |
| <input type="checkbox"/> ACCA (Association of Certified Chartered Accountants) | <input type="checkbox"/> Linux   |
| <input type="checkbox"/> CIFA (Certified Investment & Financial Analysts)      |  |

**Preferred Intake Year: .....**

**Mode of Study**

January       July       Full time       Part time       Weekend

**Campus:**      **Main/Ruaraka**       **City Centre/Town**       **Kisumu**

Parent  Guardian  Self  Sponsor  Employer

Contacts (Tel/Mobile).....

**Have you previously registered with KCA?**

Yes

No

If yes, gives your KCA Reg. Number

**Education (please list last secondary school and colleges attended)**

Name (School/College)	Period attended		Course/Education	Level attained (e.g. certificate, diploma, degree)	Grade/A ward
	From	To			
Secondary/High School a).					
College/University a).					
b).					

**Current Employer Details**

Company Name	Position (Title)	Work Experience (Duration)	Address
.....	.....	.....	.....

**List any academic honours and awards, non academic achievements such as sporting activities, community involvement and / or work experience over the last 10 years**

<b>Academic achievements:</b>	<b>Extra Curricular Activities:</b>
<b>Community Involvement:</b>	<b>Corporate Awards (achievement on exemplary job performance):</b>

**Relatives who have attended KCAU (if any)**

Name .....Relationship ..... Mobile No. ....

Name .....Relationship ..... Mobile No. ....

**How did you learn about KCA – Tick one**

College Guide  Newspaper  TV  Radio  KCAU Website

Exhibition  Parent  Relative  Friend  School Teacher

KCAU Student  KCAU faculty  Mailing  College/High School Fair  KCAU alumnus/alumni

Other (specify) .....

Please indicate your sport and club of choice (tick your option/s)

Sport		Clubs	
Athletics <input type="checkbox"/>	Rugby <input type="checkbox"/>	First Aid Club <input type="checkbox"/>	Accounting Students Association <input type="checkbox"/>
Basketball <input type="checkbox"/>	Soccer <input type="checkbox"/>	Forum for IT Students <input type="checkbox"/>	Christian Union (CU) <input type="checkbox"/>
Hockey <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Presidential Award <input type="checkbox"/>	Catholic Association (CU) <input type="checkbox"/>
Tennis <input type="checkbox"/>		Wildlife Club <input type="checkbox"/>	Seventh Day Adventist (SDA) <input type="checkbox"/>
Other (Specify).....		Entrepreneurship Club <input type="checkbox"/>	Peer Councillors Club <input type="checkbox"/>
		Students Initiative Against AIDS and Substance Abuse (SIAASA) <input type="checkbox"/>	
		Other (Specify).....	

- All forms **MUST** be **SIGNED** before returning them to the Admissions Office. **ORIGINALS and COPIES** of the following documents must be attached;

- National ID /Birth Certificate
- O' level Certificate/Result slip
- Academic Transcripts
- Two colour passport-size photographs

- Application fees (Kshs **1000**) can be deposited in **one** of the following KCAU bank accounts:

<u>Bank Code</u>	<u>Account No .</u>	<u>Bank Name</u>
- 002	010 200 117 1100	Standard Chartered Bank-Ruaraka,
- 073	135 217 8	Barclays Bank – Westlands,
- 075	176 631 9	Barclays Bank –Moi Avenue,
- 007	107 654 003	Commercial Bank of Africa – Wabera Street

**FOR OFFICIAL USE**

Certified & Processed

Officer: .....

Sign: .....

Date: .....

- ORIGINAL DEPOSIT SLIP** must be attached to the application form when submitting to the

**ATTESTATION**

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the Admissions Office to obtain any verification deemed necessary to process my application. I further certify that attached are true copies of my official transcripts as requested, and that the copies become the property of the university. I include with this application form the official payment receipt /Bank deposit slip for the application fee and copies of other documents as stated in the application requirements.

Signature: ..... Date: .....

**Thank you for choosing to study with us!**