



**CAMPUS OF STUDY****Limuru Main Campus** Regular/Day Evening Distance Learning**Nairobi Campus** Regular/Day Evening Distance Learning**Nakuru Campus** Regular/Day Evening Distance LearningAre you a graduate of St. Paul's? Yes  No 

If yes, when? \_\_\_\_\_ which programme \_\_\_\_\_

**PERSONAL INFORMATION**

Last (family) Name \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Country of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_ Passport No\*/ID No. \_\_\_\_\_

Sex: Female [ ] Male [ ]

Marital Status: Single [ ] Married [ ] Divorced [ ] Widowed [ ]

Years of formal education in English \_\_\_\_\_ Level: Primary \_\_\_\_ Secondary \_\_\_\_ Post Secondary \_\_\_\_

Other Languages spoken or written \_\_\_\_\_

**STUDENT DISCLOSURE OF DISABILITY**

The University has a responsibility to provide all students with equal rights to participate in education and to be treated with dignity in a supportive learning environment. The University assists students with disabilities and/or significant health conditions to complete all University learning activities within the context that the interests of all parties affected are balanced and risks minimized. All of the University's programs and courses are available to people living with disability and/or significant health conditions, unless a reasonable accommodation cannot be made that maintains the academic, clinical and professional requirements of the Program/Course detailed in the Program Learning Outcomes (PLOs) or will cause unjustifiable hardship to the University.

St. Paul's University asks students to disclose relevant information about circumstances that may impact on their capacity to undertake their studies and for the purpose of making reasonable adjustments.

Do you have any disability? Yes [ ] No [ ] If yes state nature of disability \_\_\_\_\_

**CURRENT ADDRESS**

Postal Address \_\_\_\_\_ Code \_\_\_\_\_  
 City/Town \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile(Applicant) \_\_\_\_\_

**PARENT(S)/GUARDIAN**

Name \_\_\_\_\_ Relation to applicant \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile(Parent/Guardian) \_\_\_\_\_

**NEXT OF KIN (IN CASE OF EMERGENCY)**

Name \_\_\_\_\_ Relation to applicant \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Denomination \_\_\_\_\_  
 Protestant  Roman Catholic  Hindu  Muslim  Other Specify \_\_\_\_\_  
**For Divinity Applicants:** Ordained  To be Ordained

**EDUCATION INFORMATION**

Please list all the schools, colleges, or universities previously attended (Do not list primary schools)

Name of Institution	Area of Study	Duration of Study	Certificate/Diploma/attained
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

**BOARDING FACILITIES (Main Campus Limuru)**

The boarding fees will be charged as follows:  
 1) Meals per semester Kshs 29,900  
 2) Accommodation fees (Room only) Kshs 16,000

Full board (Meals and Accommodation) Kshs. 45,900.00

**NB:** To those who opt for accommodation only, meals are available at the cafeteria on a cash bases or use of a debit smart card provided by the catering service provider.

Do you wish to Board with us

Yes  No

**ADDITIONAL INFORMATION**

**How did you learn about St. Paul’s University?**

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Church Announcement | <input type="checkbox"/> University Prospectus |
| <input type="checkbox"/> T.V       | <input type="checkbox"/> Website       | <input type="checkbox"/> Radio               | <input type="checkbox"/> Exhibition            |

Any other(specify)\_\_\_\_\_

**If you were referred by a current student kindly fill in the details below:**

Student’s Name:	_____
Admission Number:	_____
Contact details:	_____

**Why do you wish to study through St. Paul’s? (Give a brief account)**

I certify that all information given is true and accurate to the best of my knowledge. False information may lead to dismissal if admitted.

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

**CONSENT FOR DATA SHARING WITH GUARDIANS/PARENTS**

I, \_\_\_\_\_, hereby consent to the sharing of my personal data with my guardians/parents when necessary regarding my academic progress, events, emergencies, and other relevant educational matters as appropriate.

I understand that I have the right to withdraw this consent at any time by contacting the Academic Registrar at [registrar-academics@spu.ac.ke](mailto:registrar-academics@spu.ac.ke)

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

**Select the most convenient place for you to pick the admission letter**

1. Main Campus Limuru	<input type="checkbox"/>
2. Nairobi Campus (Church House)	<input type="checkbox"/>
3. Nakuru Campus (next to ACK Cathedral)	<input type="checkbox"/>
4. Machakos Campus (ACK Building)	<input type="checkbox"/>
5. Posting	<input type="checkbox"/> Address: _____

Any Other(specify)\_\_\_\_\_

**CHECKLISTS:**

**To be completed by the applicant: (please confirm that you have attached the below documents by ticking)**

- All the details in the form are complete
- Bank slip of application fee (Ksh.1,000)
- Three recent coloured passport size photographs
- All Academic & Professional Certificates( A level or O level Certificate or Transcript is a Must)

**DATA USAGE STATEMENT**

Your personal data provided in this admission application form will be used by St Paul's University for the following purposes

1. **Admission and Enrollment:** Processing your application and facilitating enrollment.
2. **Academic Administration:** Managing student records, assessment, and grading.
3. **Communication:** Sending updates, event invitations, and academic information.
4. **Research and Analysis:** Improving programs and services through research and analysis.
5. **Compliance:** Meeting legal, regulatory, and institutional requirements.

Your data will be stored securely and accessed only by authorized personnel. We do not disclose personal information to third parties without consent, except where required by law. By submitting this form, you acknowledge and consent to the use of your personal data as described. Contact our Academic Registrar at [registrar-academics@spu.ac.ke](mailto:registrar-academics@spu.ac.ke) for any concerns

**FOR OFFICIAL USE ONLY**

Recommendation of Departmental Academic Board:

Recommended: Programme \_\_\_\_\_

Number of years One [ ] Two [ ] Three [ ] Four [ ]

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

Referred to \_\_\_\_\_

Head of Department's Signature \_\_\_\_\_ Date \_\_\_\_\_

Endorsed by School Dean \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Admission's Committee Decision

Approved: Programme \_\_\_\_\_

Number of years One [ ] Two [ ] Three [ ] Four [ ]

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

Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

Action by Registrar \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_