

ST. PAUL'S UNIVERSITY

Diploma Application Form

Private Bag 00217 LIMURU, KENYA
Email: registry-limurucampus@spu.ac.ke or registry-nairobicampus@spu.ac.ke registry-nairobicampus@spu.ac.ke

Website: www.spu.ac.ke

Tel Office: +2	254 (0)20 - 2020505/10
Mobile:	+254 (0)728 - 669000

(0)736 - 424440

Serial	No.	
	- 1 •	

APPLICATION FOR ADMISSION

APPLICATION PROCEDURE

- 1. Read the application form carefully before filling any information. Give detailed information.
- 2. Attach photocopies of all academic and professional certificates. If they are not in English send translated and certified copies. Non-English speakers must provide proof of competence in English.
- 3. Attach Three recent coloured passport size photographs
- 4. Send duly completed application form with a bank slip of Kshs.1,000 non-refundable application fee.(Cash payment NOT acceptable)
- 5. **Foreign Students or Kenyan's** who have **foreign qualifications** need to apply to Kenya National Qualifications Authority(**KNQA**) for recognition and equation of their qualifications before admission.
- 6. "I consent that the data provided in this form be processed in accordance with the Data Protection Act No. 24 of 2019, the Data Protection (General) Regulations, 2021, and associated legislation".

Address Application package to:
The office of Registrar-Academics
St. Paul's University
P. O Private Bag
Limuru 00217
KENYA

Drop it to our nearest Campus:
Limuru (Main) Campus
Nairobi Campus
Nakuru Campus
Machakos Campus

Attach a recent passport-sized photograph here

Full Names:			_
First Name Middle Name		Last Name	
ENROLLMENT INFORMATION (Tick one of the	he following)		
Year of Entry	January	May	August
I would like to be considered for:-		Diploma in Clinical Medic	ine and Surgery
Diploma in Peace building & Conflict Resolution	on	Diploma in Education Arts	
Diploma in Information Technology		Diploma in Leadership & N	Management
Diploma in Public Relations		Diploma in Theology	
Diploma in Business Information Technology		Diploma in Journalism	
Diploma in Social Work		Diploma in Criminology as	nd Security Management
Diploma in Communication		Diploma in Community De	evelopment (available on DL)
Diploma in Computer Science		Diploma in Community He	ealth and Development
Diploma in Counselling Psychology		Diploma in Health Record	s Management and Informatics
Diploma in Film Production		Diploma in Business Mana	gement (available on DL)
Diploma in Hotel and Catering Management	<u>S</u>	pecializations	
Diploma in Sign Language		Business Management Logistics &Supplies	☐ Marketing Management☐ Human Resource

CAMPUS OF STUDY	
Limuru Main Campus Nairobi Campus	Nakuru Campus
Regular/Day Regular/Day	Regular/Day
Evening Evening	Evening
Distance Learning Distance Learning	Distance Learning
Are you a graduate of St. Paul's? Yes No No	
If yes, when? which programme	
PERSONAL INFORMATION	
Last (family) Name Middle Name	First Name
Date of Birth	Citizenship
Country of BirthCounty of Birth	Passport No*./ID No
Sex: Female [] Male []	
Marital Status: Single [] Married []	Divorced [] Widowed []
Years of formal education in English Level: Prin	nary Secondary Post Secondary
Other Languages spoken or written	
STUDENT DISCLOSURE OF DISABILITY	
The University has a responsibility to provide all students with dignity in a supportive learning environment. The University conditions to complete all University learning activities within that and risks minimized. All of the University's programs and of significant health conditions, unless a reasonable accommodate professional requirements of the Program/Course detailed is unjustifiable hardship to the University. St.Paul's University asks students to disclose relevant information undertake their studies and for the purpose of making reasonables. Do you have any disability? Yes [] No [] If yes state not all the purpose of	by assists students with disabilities and/or significant health the context that the interests of all parties affected are balanced courses are available to people living with disability and/or ion cannot be made that maintains the academic, clinical and in the Program Learning Outcomes (PLOs) or will cause attion about circumstances that may impact on their capacity to eadjustments.

Yes No

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 atter	nded (Do not list primary schools)
Name of Institution Area of Study Duras	tion of Study Certificate/Diploma/attained
	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 provided by the catering service provider.	ole at the cafeteria on a cash bases or use of a debit smart card
Do you wish to Board with us	

ADDITIONAL INFORMATION

How did you learn about St. Paul's University?

[] News] Church Announcement [] Radio	
Any other	er(specify)			_	
If you	were referred by	a current student l	kindly 1	fill in the details below:	
Stude	ent's Name:				
Admi	ssion Number:				-
Conta	act details:				-
Why d	o you wish to stud	ly through St. Paul	's? (G	ive a brief account)	
I certify admitted	_	ven is true and accurate	to the be	st of my knowledge. False inf	ormation may lead to dismissal if
Signatur	re]	Date	
		CONSENT FOR DA	TA SHA	RING WITH GUARDIANS	/PARENTS
I,				hereby consent to the sha	ning of my personal data with my
_	ardians/parents when n appropriate.	ecessary regarding my a	cademic	progress, events, emergencies	s, and other relevant educational matters
				at any tim e by contacting the .	Academic Registrar at
Sig	nature			Date	
Select 1	the most convenie	nt place for you to	pick th	ne admission letter	
1.	Main Campus Limuru				
2.	Nairobi Campus (Chu	rch House)			
3.	Nakuru Campus (next	to ACK Cathedral)			
4.	Machakos Campus (A	CK Building)			
5.	Posting		A	ddress:	
Any Oth	er(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 for any concerns

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONL!		
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	