



ST. PAUL'S UNIVERSITY

Professional Courses Application Form

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

Tel Office: +254 (0)20 – 2020505/10
 Mobile: +254 (0)728 - 669000
 (0)736 - 424440

Serial No. _____

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 a completed application form with a Bank Slip of **Kshs. 1,000** non-refundable application fee through **National Bank of Kenya Account No. 01021091200100** or **M PESA PAYBILL: 632333 Account No: APPLICATION**. (Cash payment is 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 can 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 Assistant Registrar
 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

OR

**Attach a recent
 Passport size
 photograph here**

PERSONAL INFORMATION

_____	_____	_____
Last (family) Name	Middle Name	First Name
Date of Birth _____	Citizenship _____	
Country of Birth _____	Passport No. /ID No. _____	
County of Birth _____	Gender : Female [<input type="checkbox"/>]	Male [<input type="checkbox"/>]
Years of formal education in English _____	Level: Primary _____	Secondary _____ Post Secondary _____
Other Languages spoken or written _____		
Do you have any disability? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If yes state nature of disability _____		

Postal Address _____	Code _____
City/Town _____	Country _____
Telephone (Home) _____	(Office) _____
Email _____	Mobile _____

NEXT OF KIN

Name _____	Relation to applicant _____
Address _____	Telephone _____
Email _____	Mobile _____

ENROLLMENT INFORMATION (Tick one of the following)

Year of Entry _____	January <input type="checkbox"/>	May <input type="checkbox"/>	July <input type="checkbox"/>	September <input type="checkbox"/>
I would like to be considered for:-				
<input type="checkbox"/> Cisco Certified Network Associate (CCNA)	<input type="checkbox"/> Certified Human Resource Professional (CHRP)			
<input type="checkbox"/> Certified Public Accountant (CPA)	<input type="checkbox"/> Chartered Procurement and Supply Professional of Kenya (CPSP-K)			
<input type="checkbox"/> Certified Secretaries (CS)	<input type="checkbox"/> Accounting Technicians Diploma (ATD)			
<input type="checkbox"/> Certified Investment and Financial Analyst (CIFA)	<input type="checkbox"/> Certificate in Accounting and Management Skills (CAMS)			
<input type="checkbox"/> Diploma in Quality Management (DQM)				
<input type="checkbox"/> Certified Credit Professionals (CCP)				

CAMPUS OF STUDY

Limuru Main Campus	Nairobi Campus	Nakuru Campus
<input type="checkbox"/> Regular/Day	<input type="checkbox"/> Regular/Day	<input type="checkbox"/> Regular/Day
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
Are you a graduate of St. Paul's? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, when? _____ N/A _____	which programme _____	N/A _____

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	Degree/Diploma/Certificates attained
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

KCSE INDEX NUMBER _____

ADDITIONAL INFORMATION

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

- Newspaper Family/Friend Church Announcement University Prospectus
 T.V Website Radio 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** _____

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 Dean of School _____

Dean’s Signature _____ Date _____

Action by Registrar _____ Signature _____ Date _____