NetAcad ID: 400054051

APPLICATION FORM

NOTE

This form should be completed and returned to the REGISTRAR (ACADEMIC AFFAIRS), THARAKA UNIVERSITY COLLEGE P.O. BOX 193 -60215, **MARIMANTI**, on or before the closing date as advertised.

Sections A, B, C and D of this form should be completed in Block/Capital Letters.

Ensure that you attach the Following;

a) Certified copies of your Result Slip, Certificates and Transcripts.
b) ORIGINAL RECEIPT (Application Fee): Ksh. 1,000 Payable to: Account Name; Tharaka University College, Kenya Commercial Bank; Acc. No: 1240985967 / Equity Bank; Acc. No: 0210277753588 /Cooperative Bank; Acc. No: 01129572400000 or Paybill No: 400200, Account No 341793#Reg No.
c) Copy of your National ID Card or Birth Certificate.

SECTION A: PERSONAL DATA

Given Name: .....

Surname:

Date of Birth: ..... Sex: ..... Marital Status: ..... Religion: .....

Nationality		**ID/Passport No**	
County		**Phone No**	
District		**P.O. Box**	
Constituency		**Town**	
Email Address		**Postal Code**	

SECTION B: ACADEMIC HISTORY

a) Secondary school attended	**Year**	**Grade**
Other Relevant Qualifications		
b) Institution Attended	**Year**	**Qualification/Award**

d. State any relevant academic/ professional qualifications or experience…….....

SECTION C: CHOICE OF COURSES

State the course for which you wish to be considered for admission.

Write below, the title of the course you are applying for	**Mode of Study**		
	FACE TO FACE	FULLY ONLINE	BLENDED
THARAKA UNIVERSITY COLLEGE CISCO NETWORKING ACADEMY (Intake: Monthly) **Indicate the month you intend to start the course:**			

Have you ever been admitted to Tharaka University College previously (YES/NO)?

If YES, indicate the previous Registration Number…….

Indicate how you intend to finance your studies……..

SECTION D: DECLARATION

I certify that the information given in this application is correct to the best of my knowledge.

Sign ……Date……

b) Name of Employer (if any) ……..…….

Recommendation …… Sign……..……

SECTION E: FOR OFFICIAL USE ONLY

a) Recommendation of the Head of the Department (Recomended) _____ Not Recommended _____

Comments……..……

……..

Sign…… Date……..……

b) Recommendation of the Registrar (Recommended _____Not Recommended _____

Comments……..……

……..

Sign…… Date……..……