F-2-141-9-1

Receipt No.

AFFIX 1
PASSPORT SIZE
PHOTOGRAPH



JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY COLLEGE OF HUMAN RESOURCE DEVELOPMENT (COHRED) LIBRARY DEPARTMENT

DIPLOMA IN INFORMATION SCIENCE STUDENT APPLICATION FORM (COHRED COURSE)						
SurnameOther Names						
Date of Birth: Nationality ID. No.						
P.O Box						
E-mail						
Intake Date						
Pattern of study: Full-time Part-time						
Name and Address of nearest relative, person or agent who should be contacted in case of emergency:						
Name						
P.O Box						

JKUAT IS ISO 9001:2008 and 14001:2004 CERTIFIED Setting Trends in Higher Education, Research and Innovation

Telephone/Mobile...... Email.

correct and

Education Background

Below indicate school certificates held, including the name of the institution, grade and date awarded

School attended		From (years)	To (year)	Qualifications	Date awarded
1.					
2.					
3					

NB: (Attach certified copies of the relevant certificates)

Terms and Conditions

- 1. Courses fees must be paid in advance at the time of booking, unless prior credit arrangement are made and approved by an authorized officer of the Company.
- 2. Where credit is granted, the account must be settled within the agreed period otherwise a monthly penalty charge of 3% will be levied on a cumulative basis.
- 3. A 20% will be levied on a cumulative basis.
- 4. There will be no refunded of any bookings cancelled or abandonment of classes once they have commenced.
- 5. A Kshs. 1,000 service fee will be changed on all returned cheques.
- 6. The College accepts no liability whatsoever for any injuries inflicted during the course of training.
- 7. The College does not accept any liability for loss or damage to any property brought or left on the premises by the student.
- 8. Students will be charged for any damages caused to equipment by their negligence.
- 9. Certificates will only be awarded after the fulfillment of all the particular course's requirements.

<u>Deciaration</u>
I certify that the information/statements made by me on this form are true, to the best of my knowledge,
complete.
Signature: Date:
SPONSOR'S UNDERTAKING
We/I, the undersigned, hereby confirm that the applicant will be sponsored by us for course applied.
Name of Sponsor: Authorized Signature
Date:
All correspondence should be addressed to:
The Principal,
College of Human Resource Development
JKUAT
P.O Box 62000-00200
NAIROBI-KENYA.
FOR OFFICIAL LISE ONLY
FOR OFFICIAL USE ONLY
Application: Approved () Rejected ()
Registration No, Pattern of Study: Full-time ().
Remarks, if any:
Date of Commencement: Academic year:
Signed: Date: