

LAIKIPIA

P.O. Box 1100-20300,  
NYAHURURU,  
KENYA



UNIVERSITY

TEL: 020-2671779, 020-2671771  
raa@laikipia.ac.ke; [www.laikipia.ac.ke](http://www.laikipia.ac.ke)

**OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

**LETTER OF ACCEPTANCE, DEFERMENT OR REJECTION OF OFFER OF**

**ADMISSION BY THE CANDIDATE:**

**(To be completed in duplicate and in CAPITAL LETTERS)**

**(A) LETTER OF ACCEPTANCE**

**The Registrar (Academic Affairs)**

**Dear sir/Madam,**

**With reference to your letter offering me a place in the School of:**

.....

**For a course leading to a degree/diploma of: .....**

**I accept the offer and UNDERTAKE TO ABIDE by the “Regulations Governing the Association, conduct and the Discipline of the students” stipulated in the statutes of LAIKIPIA UNIVERSITY and in the STUDENTS’ HANDBOOK which I have read and understood.**

**Candidate’s Names: .....**

**First Middle Last/Surname**

**Registration No: .....ID No. / KCSE Index No.....**

**Signature: ..... Date: .....**

**Mobile No. ....**

**OR**



**(B) DEFERMENT OF STUDY BY CANDIDATE**

**The Registrar (Academic Affairs)**

**Dear Sir/Madam,**

**With reference to your letter offering me admission to LAIKIPIA UNIVERSITY**

**Degree/diploma in: .....**

**.....**

**I wish therefore, to defer my studies to the next academic year.**

**I look to your reply.**

**Candidate's Names: .....**

**First Middle Last/Surname**

**Registration No: ..... ID No. / KCSE Index No. ....**

**Signature: .....Date: .....**

**OR**

**(C) REJECTION OF OFFER**

**The Registrar (Academic Affairs)**

**Dear Sir/Madam,**

**I confirm that I will not accept the offer because of the following reasons.**

**.....**

**.....**

**.....**

**Candidate's Names: .....**

**First Middle Last/Surname**

**Registration No: ..... ID No. / KCSE Index No. ....**

**Signature: .....Date: .....**

**FOR OFFICIAL USE ONLY**

**Name of Dean of School/ Registrar: .....**

**Date: .....Signature: .....**



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**OFFICE OF REGISTRAR (ACADEMICAFFAIRS )**

REGISTRATION NO:.....

**IMPORTANT:**

1. Students are requested to complete Part 1 of this form. Part II should be completed by the Medical Officer examining the student. The completed form should then be submitted to the University Medical Officer on the registration day.
2. ALL students are required to have NHIF cover nominating Laikipia University Medical Centre as their preferred outpatient facility. This may be done through their parents/guardians as dependents OR as individual contributors before admission.
3. A copy of the NHIF Card and National ID and the NHIF holder and (front and back) MUST be provided on the registration day.
4. Any medical services that the student may require outside the University’s Medical Centre and the NHIF cover are a direct responsibility of the parent/guardian.

**PART 1**

(a) Name of the student: .....

First name	Middle name	Last/ Surname
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Sex: ..... Nationality: ..... Religion .....

School: ..... Single/Married:.....

Mobile no: ..... Address: .....

Parents/Guardian/Next of kin Name:.....

Mobile No: ..... Address:.....

(b) Have you ever been admitted to hospital? Yes/No: .....

If so, state reason for admissions and date:

.....

(c) Have you had any of the following illness?

Tuberculosis or other chest infection YES/NO

Fits, Neurological diseases or fainting attacks YES/NO

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Mission: To serve the students and society through research, education, scholarship, training, outreach and consultancy.*



Heart disease or rheumatic fever YES/NO  
 Allergies to food or drugs YES/NO  
 Diabetes mellitus YES/NO  
 Mental Illness YES/NO  
 Asthma YES/NO

If the answer to any of the above is YES, please give details:

.....

(d) If there are any relevant details of your medical history not covered by the above questions, please give particulars.

.....

Date: ..... Signature:.....

**PART II**

To be completed by the Examining Officer

(a) Vision: .....

(b) Hearing: .....

(c) Cardiovascular system:

Pulse: ..... Regularity: .....

Blood Pressure: Systolic: ..... Diastolic: .....

Heart Exam: .....

(d) Chest Exam (X-ray if necessary e.g. recent chest disease).

.....

(e) Is the student on any treatment?

If so, give details: .....

(f) Any other observations of importance.....

.....

Name of Doctor: .....

Signature: ..... Official Stamp:.....

**PART III**

(To be completed by Laikipia University Medical Officer)

Special remarks: .....

If the student fit for University Education? YES/NO

Date: ..... Signature:.....



## INSURANCE AND AUTHORIZATION

### i. National Health Insurance Fund Details.

Who is the policy holder? (Name) \_\_\_\_\_

Subscriber Policy Number \_\_\_\_\_ DOB of Policy Holder \_\_\_\_\_

Gender of Policy Holder: (circle one) M F

What is your relationship with the policy holder? \_\_\_\_\_

NOTE: Please attach a legible copy of the front and back of your NHIF insurance card.

### ii Authorization

Laikipia University Medical Centre requests that at the time of admission, the student (If aged above 18 years) or the parents/ legal guardians of students under the age of 18 provide written authorization for Laikipia University Medical Centre to provide medical care and treatment to the students.

The undersigned hereby grants permission for medical treatment and care to be provided by Laikipia University Medical Centre:

\_\_\_\_\_  
Student's Last Name                      First Name                      Date of Birth

\_\_\_\_\_  
Student's ID                      School/Faculty                      Phone

If above 18 years:

\_\_\_\_\_  
Student's Signature                      Date

If below 18 years:

\_\_\_\_\_  
Signature of Parent/Guardian                      Relationship                      Date

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LAIKIPIA UNIVERSITY IS ISO 9001:2008 CERTIFIED





Affix  
passport  
size photo

## OFFICE OF THE REGISTRAR(ACADEMIC AFFAIRS)

### STUDENTS PERSONAL DETAILS

Information provided in this form is essential in establishing a complete record of the student in the Registrar’s office. (To be completed in triplicate and in capital letters spelling all name in full.)

1.Full name(AS IT APPEARS ON THE ID/BIRTH CERTIFICATE)

.....

First name

Middle name

Last/Surname

2. National ID No. or Birth Certificate No. ....

District: .....

3. University Registration Number: .....

Year of Study: .....Course of study .....

4. Date of Birth: .....

5. Nationality: .....

6. Religion: .....

7. (a) Home Contact Address: .....

(b)Former School Contact Address: .....Mobile No.....

8. (a) Marital Status: .....

(b) Name and Address of the Spouse (if married): .....

.....Mobile No.....

9. Full Name of Mother: ..... Deceased/Alive. Mobile No.....

10. Full Name of Father: .....Deceased/Alive. Mobile No.....

11. Full Name of Guardian (if neither 9 nor 10): ..... Mobile No .....

12. (a) Occupation of Father: .....

(b) Occupation of Mother: .....

(c) Occupation of Guardian (if neither 9 nor 10): .....



**13. Names of brother (s), sister (s) and addresses. Attach additional sheet of paper for additional names (if necessary):**

.....  
.....  
.....  
.....

**14. Place of Permanent Residence: village: .....**

**Nearest Town: ..... Location: .....**

**Name of Assistant Chief: ..... Mobile No.....**

**Name of Chief: ..... Mobile No.....**

**Chief's Signature: .....Chief's stamp: .....**

**Assistant County Commissioner Signature: .....**

**Date: .....Official Stamp: .....**

**Deputy County Commissioner Signature:.....**

**Date: .....Official Stamp: .....**

**15.Place of Birth: (if different from 14 above)**

**Village: .....Name of Chief: .....**

**Location: .....Sub-Location: .....**

**Division ..... County: .....**

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**Name of Dean of School/ Registrar: .....**

**Signature: ..... Date: .....**



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**OFFICE OF THE REGISTRAR(ACADEMIC AFFAIRS)**

**COURSE ADMITTED TO:**

.....

**REGISTRATION NO:** .....

**EMERGENCY OPERATIONS**

This applies to students who are minors (i.e. person under 21 years of age).

Approval of your parents ( or guardian) is required for the Chief Medical Officer of Laikipia University to give consent on their behalf, for an emergency operation to be carried out on you should a situation calling for an operation arise, parents ( or guardians) are therefore required to complete the consent form below if you are under 21 years of age.

**FORM OF CONSENT**

I agree that the Chief Medical Officer of Laikipia University may consent an emergency operation being performed on:

.....

If it is not possible to contact me on.

Name: .....

Relationship: .....

Address: .....

Mobile No: .....

Signed: ..... Date: .....

Mobile No: .....

Signed: .....Date: .....

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FORM: LU/RAA/ F20

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**OFFICE OF THE REGISTRAR  
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**STUDENT’S BOND OF GOOD CONDUCT**

Kindly read through the Rules and Regulations Governing Students’ Conduct/ Discipline on the Website. You are required to sign two copies of this document; one copy should be returned to the Registrar (Academic Affairs) and the second copy to the Dean of Students’ on the Registration day.

I, understand:

1. That Laikipia University’s Student Disciplinary Process is not negotiable and will therefore, not be sympathetic to students who may be called upon for disciplinary action or interfere with the due process of disciplining students.
2. That rules and regulations governing the association conduct and discipline are not designed to prohibit interaction and other activities by students but instead to regulate and guide so that the interaction and activities are carried out in a manner that is socially and morally acceptable and facilitative of an environment in which the University’s academic endeavors can thrive.
3. I undertake to be of good behavior as stipulated in the said rules and regulations failure on my part to fulfill this requirement will result in the University taking any action it deems necessary against me.
4. I understand that if disciplinary action is taken against me the University will communicate the same to my parents, guardians and sponsors including HELB. HELB will be at liberty to consequently withdraw my support.

Name.....

Reg. No.....National ID. No.....

Signature.....Date.....

Permanent address:.....

Witnessed (parent/guardian).....

Signature..... Mobile Number .....

**NOTE:** Please sign this form after reading Rules and Regulations Governing Students’ Conduct/ Discipline on the Website.

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