



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

TEL:+254-(0 )20-2671779, 20-2671771, 0729285902,  
0729281902  
raa@laikipia.ac.ke; [www.laikipia.ac.ke](http://www.laikipia.ac.ke)

## OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

### APPLICATION FOR SELF-SPONSORED/REGULAR/IN-SERVICE DIPLOMA PROGRAMMES

Affix  
passport  
size photo

**INSTRUCTIONS FOR PRINTING: TO ENSURE THAT THE WHOLE PAGE IS PRINTED SET THE PRINTER PAGE SETTING TO SIZE A4**

#### NOTES:

- (i) This form should be typed or completed in **BLOCK LETTERS** and returned to:  
**The Registrar (AA) Laikipia University, P.O. Box 1100 – 20300, NYAHURURU**
- (ii) Attach certified copies of your Result Slip, Certificate, Transcripts and a copy of your **National ID Card**
- (iii) The applicant is required to fill Sections, A, B, C and D
- (iv) Attach **ORIGINAL** receipt for **Kshs. 1000** application fee.
- (v) Attach one passport size photos.

**Payments may be made by bankers' cheque payable to Laikipia University or banked in any of the following banks:**

Co-operative Bank of Kenya: Account Name: Laikipia University

**Account Number: 01129501778000 SWIFT CODE: KCOOKENA**

Kenya Commercial Bank: Account Name: Laikipia University

**Account Number: 1101909080 SWIFT CODE: KCBLKENX**

Equity Bank: Account Name: Laikipia University

**Account Number: 0160295840456 SWIFT CODE: EQBLKENA**

#### SECTION A: PERSONAL DATA

1. Name: .....

(Surname)

(Other names in full)

2. Date of Birth: .....Sex.....

3. Citizenship: .....

4. National ID. No. : ..... Passport No. ....

5. Marital Status: .....6. Religion: .....

7. Contact Address: .....

Telephone Number: .....Mobile No.....

8. Email: .....

9. Next of Kin: .....Relation: .....

Permanent/Home Address: .....Mobile: .....

#### SECTION B: ACADEMIC HISTORY



*Vision: A University for valued transformation of society.*

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





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**LAIKIPIA UNIVERSITY IS ISO 9001:2008 CERTIFIED**

**SECTION D: DECLARATION**

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

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

13. (a) **Name of Employer (if any):** .....

**(b) Recommendation:** .....

.....

**Designation:**.....**Signature:**.....

**(Official Stamp)**

**SECTION E: FOR OFFICIAL USE ONLY**

14. (a) Recommendation of the Head of Department

**Recommended/Not Recommended**

**Comments:** .....

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

**C.O.D. & Official Stamp)**

(b) Recommendation of Dean of Faculty

**Recommended/Not Recommended**

.....

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

(c) Approval

**Signed:** .....**Registrar (AA) Date:** .....

