



**How do you intend to finance your studies?**

Personal Savings  Company Sponsorship

Contacts (Tel/Mobile): .....

**Have you previously registered with KCA?**

Yes

No

If yes, gives your KCA Reg. Number

**Education (please list last colleges or universities attended)**

Name (School/College)	Period attended		Course/Education (Level attained e.g. certificate, diploma, degree)	Grade/Award
	From	To		
College/University a).				
b).				
c).				
e).				

**Current Employer Details**

Company Name	Position (Title)	Work Experience (Duration)	Address
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Relatives who have attended KCAU (if any)**

Name ..... Relationship ..... Mobile No. ....

Name ..... Relationship ..... Mobile No. ....

**How did you learn about KCA – Tick one**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> College Guide | <input type="checkbox"/> Exhibition     | <input type="checkbox"/> KCAU Student               |
| <input type="checkbox"/> Newspaper     | <input type="checkbox"/> Parent         | <input type="checkbox"/> KCAU faculty               |
| <input type="checkbox"/> TV            | <input type="checkbox"/> Relative       | <input type="checkbox"/> Mailing                    |
| <input type="checkbox"/> Radio         | <input type="checkbox"/> Friend         | <input type="checkbox"/> College / High School Fair |
| <input type="checkbox"/> KCAU Website  | <input type="checkbox"/> School Teacher | <input type="checkbox"/> KCAU alumnus/alumni        |

Other (specify) .....

- All forms **MUST** be **SIGNED** before returning them to the Admissions Office. **ORIGINALS and COPIES** of the following documents must be attached;
  1. National ID **or** Birth Certificate
  2. O level certificate **or** Result Slip
  3. Academic Certificate **and** Transcripts
  4. Current Detailed CV
  5. Recommendation Letter from
    - I. Employer (if sponsored)
    - II. Academic Advisor e.g. Dean of faculty / school, Lecturer or Head of Department
  6. Two pages Concept Paper

In **addition**, applicants should bring;

  7. Two colour passport-size photographs

**FOR OFFICIAL USE**

**Certified & Processed**

Officer.....

Sign.....

Date.....

- Application fees (**Kshs. 5,000**) can be deposited in **one** of the following KCAU bank accounts:

<u>Bank Code</u>	<u>Account No.</u>	<u>Bank Name</u>
- 002	010 200 117 1100	Standard Chartered, Thika Road Mall Branch
- 073	135 217 8	ABSA Bank – Sarit Branch
- 007	643 228 001 5	NCBA – Wabera Street

- **ORIGINAL DEPOSIT SLIP** must be attached to the application form when forwarding to the admissions office

**ATTESTATION**

I hereby certify that the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to the Admissions Office to obtain any verification deemed necessary to process my application. I further certify that attached are true copies of my official transcripts as requested, and that the copies become the property of the university. I include with this application form the official payment receipt /Bank deposit slip for the application fee and copies of other documents as stated in the application requirements.

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

**Thank you for choosing to study with us!**



### Student Disclosure of Disability

The University has a responsibility to provide all students with equal rights to participate in education and to be treated with dignity in a supportive learning environment. The University assists students with disabilities and/or significant health conditions to complete all University learning activities within the context that the interests of all parties affected are balanced and risks minimised. All of the University's programs and courses are available to people living with disability and/or significant health conditions, unless a reasonable accommodation cannot be made that maintains the academic, clinical and professional requirements of the Program/Course detailed in the Program Learning Outcomes (PLOs) or will cause unjustifiable hardship to the University.

KCA University asks students to disclose relevant information about circumstances that may impact on their capacity to undertake their studies and for the purpose of making reasonable adjustments. **Students have the option to complete this non-compulsory Disclosure Statement.**

### Section A

Do you have a disability, health condition, or illness; or are you the primary carer of a person with a disability, health condition, or illness, that is likely to impact upon your (his/her) capacity to fulfil the requirements of a learning activity in a University program?

**Please tick the box which you feel relates to you**

- You have a social/communication impairment such as Asperger's syndrome
- You are blind or have a serious visual impairment
- You are deaf or have a serious hearing impairment
- You have a long standing illness or health condition such as cancer, HIV or epilepsy
- You have a mental health condition, such as depression or anxiety disorder
- You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- You have physical impairment or mobility issues
- You have two or more impairments and/or disabling medical conditions
- Autistic Spectrum Condition
- Other (disability, impairment or medical condition that is not listed above)
  
- \_\_\_\_\_
- You do not have a disability

### If you have declared a disability:

Have you enclosed a letter from your General Practitioner (GP) or Specialist? Yes  No

If No, when will you be able to send this to us? \_\_\_\_\_

Have you enclosed the report from the Educational Psychologist? Yes  No

If No, when will you be able to send this to us? \_\_\_\_\_

**Please enclose a copy of a current medical letter or a report from an educational psychologist and return this form to: Admissions Office, Block C Welcome Centre. If you wish to withdraw your consent at any point please contact us at [registrar@kcau.ac.ke](mailto:registrar@kcau.ac.ke) or visit the Admissions Office for assistance.**

### Section B

I have read and understood the information on this form relating to disclosure of information about my disability and consent to my information, as described above, to be used and shared for the purpose of making reasonable adjustments to offer supportive learning environment. (If you do not consent to this, please speak to an Advisor and do not sign below).

**Student Signature:** .....

**Date:** .....

**FOR OFFICIAL USE ONLY**

a) Recommendation by the Dean of Faculty/School

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Name of the Dean.....  
Faculty/ School.....  
Signature.....  
Date.....

b) Recommendation by the Dean, School of Graduate Studies and Research

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