

INSTITUTE OF LEADERSHIP AND GOVERNANCE
JARAMOGI OGINGA ODINGA UNIVERSITY
OF SCIENCE AND TECHNOLOGY
OFFICE OF THE REGISTRAR - ACADEMIC AFFAIRS

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 Website: <http://www.jooust.ac.ke>
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 P.O Box 210 . 40601
 BONDO

The CMD Kenya Institute of Leadership and Governance
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 Website: www.cmd-kenya.org
 P.O Box 9903 -00100, NAIROBI, KENYA



Application No. _____

NOTE:

- i) That the completed form should be submitted to the ACADEMIC REGISTRAR, JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY, P.O. BOX 210 . 40601 BONDO.
- ii) That all candidates applying must attach copies of their certificates/transcripts, identity card/waiting card/birth certificate, school leaving certificate and original receipt for purchase of the form.
- iii) That information will be sent only to successful candidates.
- iv) That the names appearing on this form should be the same as those in your certificates.

1. PERSONAL DETAILS

Surname/Family Name: Other names in full:
 Date of Birth: (Day/Month/Year...../...../.....
 Gender: Male Female.....
 Marital Status: Married..... Single.....
 Nationality:.....Country of origin.....County.....
 Address for Correspondence.....Telephone.....

2. CHOICE OF COURSE – (tick as appropriate)

- Short Course.....School.....
- Certificate.....School.....
- Diploma 1st ChoiceSchool.....
- 2nd Choice.....School.....
- Degree 1st Choice.....School.....
- 2nd Choice.....School.....

8. I declare that all statements on this application form and any material filled in support here of are true, correct and complete and all required information has been disclosed.

I acknowledge that providing incorrect information or withholding relevant information may result in the University withdrawing any offer of a place and that this withdrawal may take place at any stage during the course of study.

Signature of applicant: **Date:**

9. ACADEMIC REFEREES

Give names, contacts and designation of two referees.

Referee 1

Name: _____ Title: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

.

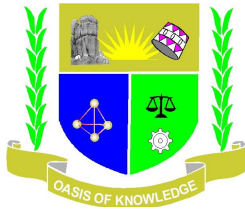
Referee 2

Name: _____ Title: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

Signature of Applicant: _____ **Date:** _____



INSTITUTE OF LEADERSHIP AND GOVERNANCE

FOR OFFICIAL USE ONLY

Academic Division Use :

Official Stamp

<p>RECEIPT OF APPLICATION FORM</p> <p>Date of receipt.....</p> <p>Name of the officer receiving.....</p> <p>Signature.....</p>

RECOMMENDATION OF THE HEAD OF DEPARTMENT

Name of H.O.D.....Sign.....Date.....

RECOMMENDATION OF THE DEAN OF SCHOOL

Name of Dean Faculty/School.....Sign.....Date.....

RECOMMENDATION OF DEANS COMMITTEE

Admitted/Not Admitted for.....

Degree:.....Dept.....

Deferred until.....Date of Meeting.....

Sign..... Date

Chairman/Chairperson – Deans Committee

Note: The University reserves the right to request and obtain further information from any education institution or employer, which may be required to confirm or clarify your suitability and eligibility for the course applied for.

Application Fees are payable by Bankers' Cheque /draft, or a deposit to the Institute Bank Account. Bank Account details: The Centre for Multiparty Democracy Institute of Leadership and Governance Family Bank, LAPTRUST Branch Account 015000003598