

**THARAKA**  
P.O BOX 193-60215,  
MARIMANTI, KENYA



**COLLEGE**

**TUC/ADM/FORM/9**

**UNIVERSITY**

Telephone :|+(254)-0202008549, +(254)-02020076920

Mobile: (+254)0728229548

Website: tharaka.ac.ke



*(A Constituent College of Chuka University)*

APPLICATION FORM FOR SELF-SPONSORED UNDERGRADUATE DEGREE  DIPLOMA

CERTIFICATE  PROGRAMMES (tick as appropriate)

**NOTE**

This form should be completed and returned to the REGISTRAR (ACADEMIC AFFAIRS), THARAKA UNIVERSITY COLLEGE P.O. BOX 193 -60215, **MARIMANTI**, on or before the closing date as advertised.

Sections A, B, C and D of this form should be completed in Block Letters.

**Ensure that you attach the Following;**

- a) Certified copies of your Result Slip, Certificates and Transcripts.
- b) ORIGINAL RECEIPT (Application Fee): KShs. 2,000 for Degree and Undergraduate Diploma Programmes and Kshs. 1,000 for Certificate Programmes: Payable to: Account Name; Tharaka University College, Kenya Commercial Bank; Acc. No: 1240985967 / Equity Bank; Acc. No: 0210277753588 /Cooperative Bank; Acc. No: 01129572400000
- c) Copy of your National ID Card or Birth Certificate.

**SECTION A: PERSONAL DATA**

Name: .....  
(Surname) (Other names in full)

Date of Birth: ..... Sex: ..... Marital Status: ..... Religion: .....

<b>Nationality</b>		<b>ID/Passport No</b>	
<b>County</b>		<b>Phone No</b>	
<b>District</b>		<b>P.O. Box</b>	
<b>Constituency</b>		<b>Town</b>	
<b>Email Address</b>		<b>Postal Code</b>	

**SECTION B: ACADEMIC HISTORY**

a) Secondary school attended	Year	Grade
<b>Other Relevant Qualifications</b>		
b) Institution Attended	Year	Qualification/Award

c) State any relevant academic/professional qualifications or experience.....  
.....

**SECTION C: CHOICE OF COURSES**

State the course(s) for which you wish to be considered for admission.

State whether you are applying for Degree/Diploma/Certificate: _____			
Write below, the title of the courses you are applying for;	<b>Mode of Study</b>		
	SSP/REGULAR	Evening/weekend	Sch. Based mode
First:			
Second:			
<b>THARAKA UNIVERSITY COLLEGE</b> (January, April, May, August, September & December) <b>(A Constituent College of Chuka University)</b>			

Have you ever been admitted to Tharaka University College previously (YES/NO)? \_\_\_\_\_ If YES, indicate the previous Registration number.....  
 Give reasons for applying afresh.....  
 Indicate how you intend to finance your studies.....

**SECTION D: DECLARATION**

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

Sign ..... Date.....  
 b) Name of Employer (if any).....  
 Recommendation ..... Sign.....

**SECTION E: FOR OFFICIAL USE ONLY**

**a) Recommendation of the Head of Department (Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_)**

Comments.....  
 Sign..... Date.....

**b) Recommendation of the Dean of Faculty (Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_)**

Comments.....  
 Sign..... Date.....

**c) Recommendation of the Deans Committee (Recommended Not Recommended )**

Comments.....  
 Sign..... Date.....

Registrar (AA)

