

## TAITA TAVETA UNIVERSITY CERTIFICATE / DIPLOMA APPLICATION FORM

(To be filled in duplicate)

NAME (Surname first):			
Nationality: I			
Name of Parent or Guardian:	•		
Contact Address:			
Fax: Email: _			
COURSE APPLIED FOR:			
Indicate the course applied for:			
<ul> <li>□ Bridging certificate course in Mathematics</li> <li>□ Certificate in Purchasing and Supplies Mana</li> <li>□ Certificate in User Support (A+ Training)</li> <li>□ Diploma in Purchasing and Supplies Manage</li> <li>□ Diploma in Business Information Technolog</li> <li>□ Certificate in Business Administration</li> <li>□ Diploma in Business Administration</li> <li>□ Diploma in Community Development</li> <li>□ Certificate in Information Technology</li> <li>□ Diploma in Information Technology</li> <li>□ Certificate in Computer Programming</li> <li>□ Certificate in Network Support (N+ Training</li> <li>□ Cisco Certified Network Associate (CCNA)</li> </ul>	ement y	☐ Diploma i ☐ Certificate ☐ Advanced ☐ Certificate ☐ Introducti	Making Course In Agribusiness Is in Agribusiness Is Web Design Is in County Governance Is on to Web Design In County Governance
Center of Study:	of Study: Intake Date:		
Mode of Study (Full-time):			
<b>Education:</b>			
Schools /Institutions attended	Date From (year ) to (year)		Qualification

Have you ever been expelled or discontinued from another institution of learning? Yes/No (Circle as appropriate). If yes, attach details.



## Attach copies of the following documents:

- Relevant certificates KCSE Result Slip/Certificate
- School Leaving Certificate
- National ID card/ ID. Application Waiting Card/Birth Certificate
- Two Coloured Passport Size Photograph, and
- A Copy of Application form receipt of **Kshs. 500** for Certificate course or **Kshs. 1,000** for Diploma course. It be paid through;

BRANCH: Voi Branc ACCOUNT NUMBE	Taita Taveta University	AC BR AC	ANCH: Voi Brai COUNT NUMB	: Taita Taveta Univ nch <b>ER:</b> 079029971276	59		
Sponsorship							
Self							
Others (parent, organi	zation)		Address:				
Telephone No.:							
Name and Address of	the nearest relative/pers	on or agency to b	e contacted in cas	se of emergency			
Name:		Relationship					
Address:		Telephone:					
TERMS AND CONI	DITIONS						
Fees must be paid in a	dvance or on the openin	ng date:					
<ul><li>5. TTU accept n</li><li>6. TTU does not</li><li>7. Students will</li></ul>	e charged on any bookir o liability of loss or dan accept any liability who be charged for any dam not be allowed to chan pleted.	nage to any prope atsoever for any i age caused to equ	rty brought or left njuries incurred d tipment.	t on the premises by uring the training.			
DECLARATION:							
herein.	her certify that I have r	read, understood	and agreed to cor		stipulated		
FOR OFFICIAL US	E ONLY						
Serial No. Rece	pipt No Sponsor	Date Received	Qualified	Documents Verified	Selected		
Signature:		Da	te:				
	DEMIC. RESEARCH						