

**THE MANAGEMENT UNIVERSITY OF AFRICA**  
**STUDENT DETAILS FORM**

Information in this form is intended to help the office of the Registrar, Academic and Student Affairs understand the student better. It will be used for purposes of improving the students' welfare while at the University. *(To be completed in TWO copies and in CAPITAL LETTERS. Both copies to be submitted to the Admissions Office)*

AFFIX COLOURED  
PASSPORT SIZE  
PHOTO HERE

1. a) Full Name:

.....

*Surname*

*Other names*

b) Gender: Male

☐

Female

☐

2. National Registration Number (ID): .....

3. University Registration Number: .....

Year of Study: 1<sup>st</sup>

☐

2<sup>nd</sup>

☐

3<sup>rd</sup>

☐

4<sup>th</sup>

☐

4. Date of Birth: .....

*Date*

*Month*

*Year*

5. Religion: .....

6. Nationality: 1. Kenyan

☐

2. Non Kenyan

☐

If Non Kenyan, State country of origin .....

7. Contacts

a) Mobile Number: .....

*1<sup>st</sup> option*

*Alternate Number*

b) E-mail: .....

8. Home Contact Address (Where you can be contacted during Vacations)

.....

*P.O Box*

*Postal Code*

.....

*Town*

*County*

C/O: .....

9. a) Marital status 1. Single

☐

2. Married

☐

b) Name and address of spouse (If Married): .....

*Surname*

*Other names*

.....

*P.O Box*

*Postal Code*

*Town*

*County*

.....

*Mobile Phone Number*

*E mail address*

10. Full Name of Parent/Guardian: .....

*Surname*

*Other names*

.....

*P.O Box*

*Postal Code*

*Town*

*County*

.....

*Mobile Phone Number*

*E mail address*

12. Occupation of parent/ guardian: .....

I/D No.: .....

13. a) Name of Next of Kin: .....

*Surname*

*Other names*

ID No.: .....

.....

*P.O Box*

*Postal Code*

*Town*

*County*

.....

*Mobile Phone Number*

*E mail address*

14. Place of Birth: .....

*Village*

*Location*

.....

*Division*

*District*

*County*

15. Place of Permanent Residence: .....

*Village*                                      *Nearest Town*                                      *Location*

.....

*Division*                                      *District*                                      *County*

Name of Assistant Chief: .....

Name of Chief: .....

16. Give names and addresses of two persons who can be contacted in case of emergency.

(i) Name: .....

*Surname*                                      *Other names*

.....

*P.O Box*                                      *Postal Code*                                      *Town*                                      *County*

.....

*Mobile Phone Number*                                      *E mail address*

(ii) Name: .....

*Surname*                                      *Other names*

.....

*P.O Box*                                      *Postal Code*                                      *Town*                                      *County*

.....

*Mobile Phone Number*                                      *E mail address*

17. Education Background

a) Secondary School(s) attended

Name of School	Address	Years attended (From ...To)	Grade achieved

b) Any other institutions attended and qualifications attained: .....

.....

.....

.....

.....

.....

.....

18. Games/Sports: Which games and Sports do you participate in? [State the top three (3)]

.....  
.....  
.....

If you represented your school (or any other institution/organization) in games please give details:

.....  
.....  
.....

19. Clubs and societies: Which clubs and societies are you interested in?

a) First choice: .....

b) Second choice: .....

c) Third choice: .....

20. Do you suffer from any Disability or physical impairment?

Yes

☐

No

☐

If Yes, fill the Disability Declaration Form. *(Available from the Registrar's office)*

21. Do you require any of the following services? (Tick where appropriate)

a) University Bus Transport from Town

☐

b) Accommodation (Hostels)

☐

c) Government (HELB) Loan

☐

22. How did you get to know about the existence of the Management University of Africa?

.....  
.....  
.....

23. Please provide any other information not captured in this form that you think is useful to the University.

.....  
.....  
.....

**I hereby declare that the information provided on this form is true to the best of my knowledge, and I understand that any false information given could render me liable to prosecution.**

Signature .....

Date .....